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ABSTRACT

Provided are papers resulting from an Invisible College on Child Abuse and Neglect ccnducted by the Council for Exceptional Children which focused on what schools can and should be doing in the treatment of child abuse and neglect. Entries are included with the following titles and authors: "The Sensitive Teacher" by D. Howell; "The Abuse of Adolescents" by I. Lourie; "Family Structure and Professional Rcles" by M. Lauderdale; "When I See an Abused or Neglected Child, What Do I Do About It?" by D. Broadhurst; "Policies and Procedures for Reporting" by M. Nicholson; "What Will It Cost Me if I Report?" by B. Fraser; "The Consequences of Neglected Cases" by D. Kline; "What Will It Cost the Child if I Don't Report?" by F. Green; "Program Development in Child Abuse" by D. Davis; "How Do We Get Started?" by P. Fox; "Therapeutic Interventions for the Maltreated Child" by E. Broeck; and "Strategies of Prevention" by J. Kent. A list of key ideas covered in each paper precedes entries. (SBH)

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a report from the cec invisible college on child abuse and neglect

ED143163

CHILDREN ALONE

what can be done about abuse and neglect

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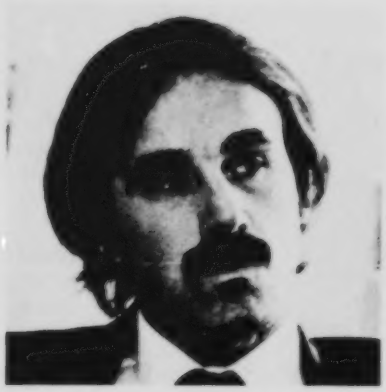

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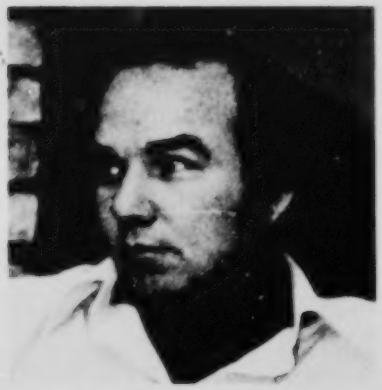
Brian G. Fraser, *BA, JD, is Executive Director, National Committee for Prevention of Child Abuse, Chicago. He serves as consultant to the Education Commission of the States, Denver, and to the National Association of Children's Hospitals and Related Institutions, Wilmington, Delaware. He is a member of the Board of Editors, Pergamon Press, London, and the Board of Directors, National Alliance for the Prevention of Child Abuses, New York City. Other experience includes teaching at the University of Colorado School of Medicine; directing the Demonstration Resource Project, Region VIII, Office of Child Development; and serving as staff attorney for the National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver. The role of the family, the court, and the school in cases of child abuse; model legislation; the concept of a guardian* ad litem; *and multidisciplinary approaches to treatment are prominent themes among Mr. Fraser's publications.*

Frederick C. Green, *MD, is Associate Director, Children's Hospital National Medical Center, and Professor, Child Health and Development, George Washington University School of Medicine in Washington, D. C. His vigorous advocacy for better health care for children and their families is reflected in his numerous publications, lectures before lay and professional organizations, and testimony before committees of Congress and federal regulatory agencies. Before assuming his present position, Dr. Green served as Associate Chief, US Children's Bureau, US Department of Health, Education, and Welfare, after having engaged in the private and institutional practice of pediatrics in New York City. He is a Fellow of the American Academy of Pediatrics and the American Pediatric Society as well as other professional societies.*

Doris A. Howell



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James T. Kent, *PhD, is Associate Clinical Professor of Pediatrics, University of Southern California School of Medicine. In addition, he devotes a substantial portion of time to clinical service in the Division of Psychiatry, Children's Hospital, Los Angeles. Dr. Kent is principal investigator for two grants from the US Department of Health, Education, and Welfare: A Longitudinal Study of Child Abuse; and Behavior, Parenting, and Outcome of High Risk Infants. His duties have included treatment to abusive families, training of mental health therapists, psychotherapy, and inservice training on management of behavior problems. As a licensed California psychologist and US Public Health Service Fellow, Dr. Kent's major research interest lies in identifying factors associated with deviations in the growth and development of inflicted injury children, failure to thrive children, and infants hospitalized at birth for prematurity or treatment of surgical anomalies.*

Donald F. Kline, *PhD, is Professor and Head, Department of Special Education, Utah State University, Logan. He knows education from the perspective of the classroom, the university, the state board of education, and the US Office of Education. In teaching, administrative, consultant, and supervisory roles, Dr. Kline has worked in Nebraska, Missouri, Idaho, Utah, and Washington, D.C. He has edited a series of teaching guides for F.E. Compton and Company of Chicago. For the Bureau of Education for the Handicapped, Dr. Kline wrote an integration of the research related to children handicapped as a result of child abuse.*

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Michael L. Lauderdale, *PhD, is Associate Professor of Social Work and Associate Administrator of the Center for Social Work Research in the Graduate School of Social Work, University of Texas at Austin. He has been the initiator and author of numerous publications, federal contracts, and grants in the areas of child development and family services. Since 1970, Dr. Lauderdale has developed and taught a series of interdisciplinary programs directed to executive staffs of public welfare and health agencies in the Southwestern states on topics dealing with budgeting, management, evaluation, and program design. His contributions to the field include many aspects of human services: child abuse and neglect, care of the aged in Mexican American populations, suicide, home health care, and alcohol and drug prevention.*

Ira S. Lourie, *MD, is Deputy Chief, Center for Studies of Child and Family Mental Health; and Coordinator of Child Abuse Programs, National Institute of Mental Health. He is also a clinical consultant on adolescents to the Protective Service Unit, Montgomery County Department of Social Services, Rockville, Maryland, and a psychiatrist with the Youth and Family Alternatives Program, Montgomery County Health Department, Silver Spring, Maryland. He has consulted to the Trauma-X Team, Children's Hospital Medical Center, Boston, and is in private practice of child psychiatry. These activities attest to Dr. Lourie's involvement and commitment to the mitigation of child abuse and neglect.*

Margaret A. Nicholson

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Margaret A. Nicholson, *MSW, is Director, Family Center, National Demonstration Project in Child Abuse, Adams County, Colorado. In that capacity, she directs the implementation of 15 program areas related to child protection, coordinates the county child protection team, and acts as liaison to the sponsoring agency for the county. Previously, as a psychiatric social worker, Ms. Nicholson provided individual and group therapy to students and parents, as well as inservice training in classroom management, behavior modification, communications, program development, and leadership skills training to teachers, counselors, and administrators. She has been deeply involved in conducting institutes and workshops related to the treatment of child abuse and neglect, foster care, protective services, day care licensing, health, and sex education.*

Elsa Ten Broeck, *MSW, was, at the time of the Invisible College, Project Director for the Kirschner Research Associates/Urban Rural Systems Associates contract to train providers of child abuse and neglect services in Region VI of the US Department of Health, Education, and Welfare. She brought to the Invisible College a record of experience in consultation, training, and technical assistance to supervisory and nonsupervisory personnel, professionals, and paraprofessionals in the fields of social service, health, law enforcement, and education. They include such agencies and institutions as Berkeley Planning Associates, San Francisco General Hospital, University of California Medical Center, Children's Hospital in Oakland, New York City Department of Social Services, Child Welfare League of America, National Association of Social Work, San Francisco Police Department, and University of Colorado Medical Center. In her capacity as Director of the Extended Family Center in San Francisco, Ms. Ten Broeck administered a three year research and demonstration grant from the Office of Child Development in the treatment of child abuse.*

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preface

□ *CHILDREN ALONE* is the culmination of an Invisible College on Child Abuse and Neglect conducted by The Council for Exceptional Children. The purpose of the College was to call together people on the cutting edge of knowledge in the field, have them make presentations addressing pertinent issues relevant to the topic, and then disseminate the information generated.

Donald Kline, Diane Broadhurst, and Philip Fox planned the conference and invited nine other participants. The College met in a two day closed session on November 11-12, 1976. The chapters in this book are based on the presentations made at that time. They follow a natural sequence beginning with the signs and symptoms of physical and emotional neglect and sexual abuse in school age children and adolescents. Then, because a primary focus of the College and this publication is to show what schools can and should be doing in the treatment of child abuse and neglect, subsequent presentations review procedures for professionals to follow when they suspect a case of child maltreatment. The consequences of not reporting are illustrated, and treatment modalities, methods of prevention, and model programs for delivering services are described.

The College took the position that the problem of child abuse and neglect belongs to everyone, and therefore its alleviation also belongs to everyone. The need for multiple interventions from medicine, the legal profession, education, social work, psychiatry, and the community was taken into account in selecting the participants of the College and in preparing the contents of this book.

Although legislation has been in effect for more than a decade, the underlying message is that we are to be ombudsmen for children not because the law has said so but because it is right. The wide array of integrated services needed to initiate protective systems for abused, neglected, battered, injured, and molested individuals requires many disciplines, organizations, agencies, and professional people communicating and working together. Be shown the way by *Children Alone.*

M. Angele Thomas

introduction

donald f. kline
diane d. broadhurst
philip e. fox

□ Most of the literature about child abuse and neglect concerns the young child—the child under 3 years of age who may be highly at risk. Yet according to national estimates, more than half of the maltreated children in America are of school age. Who are these abused or neglected children of school age? What are child abuse and neglect?

Obviously, these are not the same questions. The first question seeks a definition or description of the product—the abused or neglected child. The second question seeks a definition or description of the process—the actions or lack of action that produce the product.

The Child Abuse Prevention Act of 1974 (Public Law 93-247) defines child abuse and neglect as

> physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened.

This definition describes acts of maltreatment, but it tells little of the children who experience them. An abused or neglected child is:

- An 8 year old boy who has multiple cuts and bruises on his face, arms, and legs. He was beaten by an extension cord and a curtain rod when he returned home 20 minutes late.

- A 10 year old whose parents refuse to supply needed glasses, not for economic reasons but because they do not believe in "coddling" children.
- A first grader found early one morning huddled in the doorway of a school building where she had spent the night. Her mother, an alcoholic, has told her to find somewhere else to live.
- A kindergarten boy whose back and buttocks show new and old cigarette burns, bruises, cuts, and scars, evidence of repeated abuse that dates back to his infancy.
- A teenage girl who reveals that her stepfather has been kissing and fondling her whenever he can find her alone. Last night he raped her. She wants him to stop but is afraid to tell anyone of the incident, for he has threatened to retaliate if she does.

In order to identify an abused child, three critical attributes must always be present: (a) an individual under the age of 18, (b) an individual under the charge of a caretaker, and (c) an individual who has been nonaccidentally injured.

Every state requires that incidents like these be reported to appropriate authorities, and most states specifically mention reporting of suspected child abuse and neglect by educators. These laws are not new. Some states have required educators to report since the mid-1960's; most have included that requirement since at least the early 1970's (DeFrancis & Lucht, 1974). Yet reporting laws are often ignored, and the number of schools that actively participate in child abuse and neglect detection and prevention programs is pitifully small.

There is no simple answer to the question, What is an abused or neglected child? Very few serious problems of childhood can be easily

or simply defined. Perhaps this is one of the best reasons for expanding teacher training programs to include an in-depth examination of child abuse and neglect. Until such programs become readily available, there are three simple rules all school personnel should follow. By following these rules, school employees not only will comply with the law in most states but also will resolve personal doubts about whether or not a report should be made.

1. When a child's behavior or physical well-being indicates that he or she is in peril, risk, harm, or jeopardy, report it and make a request for further investigation.
2. Follow the established policies and procedures adopted by your school district. Never try to "go it alone."
3. When in doubt, resolve the issue in favor of the child.

Who are the abused and neglected children? They are teenage girls hoping in quiet desperation that someone, anyone, will believe and help them. They are young boys, injured and in pain, looking with hostile eyes at the world they no longer trust. They are among the children we see every day, in every class, in every school. We can no longer ignore them, pretending we do not see their distress. We must move to protect these children and to help their families find a way to become whole and healthy once more. It is our hope that this book will serve as a stimulus to change.

REFERENCE

DeFrancis, V., & Lucht, C. *Child abuse legislation in the 1970's* (Rev. ed.). Denver: The American Humane Association Children's Division, 1974.

the sensitive teacher

doris a. howell

Key Ideas

- *Signs and symptoms of abuse and neglect are most covert in the school age child.*
- *A teacher's vision can be trained to see bruises, abrasions, swellings, burns, weight loss, drowsiness, fatigue, fear, shyness, and suspicion as signs of warning.*
- *The odor of unkemptness, old excreta, soiled clothing, or alcohol on a child may indicate victimizing.*
- *Teachers can listen for messages of abuse from both direct and indirect comments made by children, from their expressions in playacting situations, and from their behaviors with other children.*
- *Knowledge of the child's family is a key asset for teachers to possess in order to ascertain the existence of any problems.*
- *Optimal, long range salvation of the child at risk cannot be successful unless the abuser is reached and rescued.*

SILENT VICTIMS

There is no way of knowing the magnitude of the problem.

□ Society has advanced from an era when children were simply chattel, to be handled, used, abused, killed, or disposed of at the will of their parents, without anyone else having the right to question why such things were done. But many children today are still victims, and because they are silent victims the magnitude of the problem is almost unknown. On one thing, however, all students of abuse and neglect statistics agree: Recognized child abuse and neglect in this country is an iceberg, and the only part that can be measured is that which can be seen through visible signs or symptoms. It is possible to know percentages of deaths and percentages of permanent injuries, but only percentages of what can actually be seen. There is no way of knowing the size of the hidden part of the iceberg, except to know that it exists. Extrapolations can provide estimates, but the real magnitude is totally unknown. Gross incidence figures are relatively meaningless, particularly when measuring such covert things as mental cruelty, emotional abuse, and character destruction. One of the most frightening outcomes, perhaps, is the pattern for imprinting this same parental behavior on the child victim, a vicious cycle called by Chadwick (1976) a pseudohereditary pattern in which, after enough of such imprinting, the child has little option except to develop into the same kind of person.

The abused child has little option except to develop into the same kind of person.

Nowhere are the signs and symptoms of child abuse and neglect more covert than in the school age child. One would think that school age children would be less subject to harm and better protected by the very fact that they are mobile and can escape from their abusers. They should be physically less vulnerable, since they are more mature and sturdier than their preschool counterparts. But remember, the child who has survived to school age has already lived an eternity. Abuse rarely starts at school age. For such children, abuse or neglect has been going on for their entire life. They may be well aware that continued survival depends on their own cunning and skills. The only escape they may see is to run away, but for most children that is not a viable option. There is nowhere to go; there is no way to eat; and, even worse, if they are found and brought back the punishment will be even greater. Interestingly enough, most of these children have an innate, almost blind loyalty to the families that have treated them so cruelly. Perhaps it is the principle that the enemy you know is better than the one you do not know. The fear of an unknown and unfriendly world must be still greater than the fear of punishment, abuse, or neglect.

Fear of an unknown, unfriendly world is greater than the fear of punishment at home.

THE TEACHER AS OMBUDSMAN

Abused children see the school as a haven where people seem to care about them.

□ For school age children, the school may actually be their haven and sanctuary. They see the school as a protectorate, a place of work, a place where for a given number of hours they can escape things they cannot control within the home environment. People at the school appear to want to help and seem concerned about them, their learning, growth, and development. They are people who are available through all the hours spent at school—giving people, kindly people, nonthreatening people. Perhaps if the children knew the word, they would recognize their teachers as ombudsmen.

Physicians are usually inaccessible . . . the teacher is always there.

The physician, who could be a helper to such children, is usually inaccessible. Children cannot easily reach a physician. They must have an appointment; they need an interlocutor. The physician is almost always seen as an ally of the parent. The physician is a person who talks to the parent, rarely to the child; who talks about the child, but not with the child. Even a friendly physician may not be available or reachable by children who are in need, whereas in daily life the teacher is always there. That teacher should be someone who can provide what these children are seeking and lack so sorely.

Teachers must use all perceptive senses to recognize and protect abused or neglected children.

The teacher's role is a difficult one. For the teacher to recognize and protect children who are abused or neglected, all perceptive senses must be employed to uncover the "iceberg."

LOOKING BEYOND THE OBVIOUS

Search for factors that might place a child at risk.

□ Seeing the obvious may be easy. The teacher, however, must look beyond the obvious. The teacher must search for factors that might place a child at risk. In the case of exceptional children, the risk index is high. Whether or not parents admit it, the exceptional child usually fails to match parental expectations of what that child should or could be. No matter how well the parent may cope, the problem of accepting that this child is less than perfect—less than what was wished for, anticipated, or expected—is a constant burden for a family to carry. The parents may hide it, they may handle it, and they may live with it, but not without a sensitive child recognizing the element of disappointment that is always there.

A child's inability to meet parental expectations may lead to abuse.

The child with congenital defects is also at risk, and many exceptional children have associated congenital abnormalities or defects. Smith and Hanson (1974) studied 134 abused children admitted to an emergency room and found that 7.5% had obvious severe congenital defects compared to a 1.75% incidence of anomalies in children admitted for emergency care not related to battering. This represents almost a sixfold increase in the children with congenital defects, relating back again to parental expectations, disappointments, and guilt. Guilt is a heavy burden for parents to carry, and congenital abnormalities force one or the other parent to accept an unwanted responsibility for having afflicted their child. One might expect this to lead to overprotection, and occasionally it does, but more often it results in anger and resentment that pile up, spill over, and fall upon the already afflicted and suffering child.

Parental guilt over a child's congenital defect may cause anger and resentment that are vented on the child.

Inheritance of unattractive or undesired characteristics can be risk factors.

Even the simple but unfortunate inheritance of unattractiveness can be a risk factor. An alarming number of parents are turned away from their own child—a child who has inherited many of *their* characteristics—because the child has also inherited characteristics belonging to the mate—characteristics not admired, not wanted, no longer loved, but seen daily in the face and behavior of the child. Unfortunately, these are inherited characteristics over which the child has no control. The

teacher must recognize these high risk factors and be aware of the likelihood of abuse or neglect.

These factors all influence behavior, some obviously, others covertly. For example, most children have bones that are relatively soft—soft enough to be easily twisted and bent, but not always fractured, particularly not broken through the skin. Therefore, these fractures, whether complete breaks or the kind of cracking or splitting break called "greenstick" fractures, may not be outwardly visible. They can be recognized only by tenderness, swelling, the child's reluctance to move that part of the body, or the child's efforts to protect that part of the body from touch or harm by other children. No one has X-ray vision; it is therefore necessary to rely on resources such as X-rays to show these fractures. But X-rays will never be taken unless someone is suspicious and requests further investigation.

Be aware of indirect signs indicating possible fractures or bone damage.

Many fractures in children occur not from direct blows but from shaking. Such fractures occur at the growing part of the bone, separating the head of the bone from the shaft at the area where maximum growth occurs. This is the area where injury can cause the greatest harm, as it will interfere with normal bone growth and may result in permanent damage with possible shortening of the extremity. Bruises, abrasions, black eyes, split lips, swelling, and burns are all red flags to the perceptive eye. The school age child also shows a higher incidence of burns than younger children. Burns of any nature should alert every teacher to look further.

The teacher must also pay special attention to the underweight child, the child who is obviously hungry and eats anything in sight, the child who is dirty, the child who has vermin. When a child is drowsy, always sleepy, unable to stay awake in class, the possibility of brain hemorrhage from a blow to the head must be considered. And, finally, the child's behavior itself must be examined. Does the child act frightened, withdrawn, shy, fearful, nontrusting? All of these warning signs can be seen.

Physical injuries, low weight, hunger, dirt, drowsiness, and abnormal behavior should be red flags.

LEARNING TO SENSE ABUSE

Odor of excreta, soiled clothing, or alcohol should make one highly suspicious.

□ Teachers need to use their sense of smell. The odor of old excreta on a child should make one highly suspicious of neglect. The odor of clothing that is soiled, unwashed, and unkempt should make one concerned that the child may be unkempt and neglected in other ways. The odor of alcohol can be detected easily on those children who drink it or are forced to drink it by aberrant elders. This is a problem that teachers may not be aware of and must seek out, not only in teenage children, but with victimized elementary children as well.

Teachers must learn to constantly hear things. Some things are said directly and are meant to be heard, such as answers that the child gives freely to the questions of a perceptive teacher. A child who needs to be heard may seek out a trusted teacher. But more covert and perhaps more critical are the child to child comments that a teacher must not ignore and must learn to listen for, weigh, and measure. This requires indirect, almost subconscious hearing, which is much harder. A child will often playact situations that imitate home behavior or reveal fears in art work. It may be the child's only way of expressing the harm that has been experienced and the hurt that is within. Other children, instead of withdrawing and hiding things within themselves, live with the situation by being actively aggressive to relieve their own hurt. Since such aggressiveness is not permitted in the home, it may show up on the

The teacher may hear direct or indirect comments from a child that indicate an abusive situation at home.

playground or in the classroom as children find someone to bully in order to get even with a world that is mistreating them.

A teacher may even employ the sense of touch to determine that a child is hurt. The discovery may come through accidental touch, such as reaching out to direct a child to a certain place in the room or to assist the child in getting up on a stool or chair. The child who winces, the child who retracts, the child who cries out—that child is hurt. The cause may not be visible or obvious, but it is there and will be found if one looks for it.

Most young children develop crushes on their teachers. Most children want approval and affection from their teachers. Most children, particu-

A child who winces or cries out when touched may be suffering from physical abuse.

A child who cannot reach out for affection may be too afraid of all adults to trust any.

larly in the lower grades, cuddle up to their teacher, edge up to be close, reach out to touch that friendly person—but only the child who is not afraid. The child who cannot reach for love and affection in a seemingly safe environment may be too afraid of all adults to trust any. A teacher should see much, sense much, and know much.

THE NEED FOR SENSITIVITY AND KNOWLEDGE

□ Finally, teachers must have that sense for which there is no name, the innate sense of a tender and sensitive person who, watching children every day, knows when one is discrepant, when one is disparate, when one is not behaving normally. A sensitive teacher will recognize the child who is uneasy, restless, suspicious, or fearful. A child in pain may hide an injury but will move differently. For example, the female child whose perineum has been invaded moves stiffly and uncomfortably and sits down gingerly, far different from the usual brisk, almost rough movements of the healthy active child who thinks not at all of her body hurting.

A sensitive teacher will recognize the child who behaves abnormally or who moves differently due to a physical injury.

Hostile, angry children usually alienate a teacher just when they most need that teacher. The onus is on the teacher to seek the reason for that hostility, that anger, that inability to relate even in a safe environment.

A final tool for the teacher in recognizing the signs and symptoms of abuse and neglect—whether physical, nutritional, emotional, or mental—is a knowledge of the child's family. The child is the product of his or her family. The more the teacher knows about the family, the more aware the teacher will be of the child's problems or happiness. The child's actions may be clarified if the teacher knows whether the parents work, are happy with their jobs, or feel threatened in their roles. The number of siblings in the family and the proximity in age of those siblings to the child within the classroom may correlate with competitive behavior or suggest neglect.

Knowledge of the child's family, history, and home environment will provide greater awareness and understanding of the child's problems.

Even the birth weight of the child can be valuable information, for the incidence of child abuse and neglect is four times higher among children of light birth weight, particularly premature infants. This may be due to separation from the parents for a prolonged period during the early, formative days of life. In some cases, the delicacy of the lightweight premature infant may frighten the parents and place a distance between parent and child. Some families consider the premature less than perfect and find them more demanding than they expected. Whatever the reason, abuse and neglect are more common in lightweight babies.

The teacher must serve simultaneously as the child's advocate and the parents' supporter.

The role of the teacher is truly to serve as the child's advocate, but one cannot serve as an advocate unless one is willing to accept simultaneously the role of parent supporter. The child cannot be cared for, cannot be protected, cannot be helped unless the source of the problem—the family—is also helped. The teacher must be willing to be of help to all members of the family in order to save the one.

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the abuse of adolescents

ira s. lourie

Key Ideas

- *Twenty-five percent of all reported incidents of abuse fall into three major categories of adolescent abuse: physical, sexual, and emotional.*
- *Behavioral patterns are often the only tangible signs to indicate sexual or emotional abuse in teenagers.*
- *The forces of abuse are accentuated by the manner in which the child and family cope with adolescent development of the teenager and midlife development of the parents.*
- *Midlife tasks and issues are in direct conflict with those of adolescence, causing stressful situations and potentially abusive problems.*
- *Understanding that parent and adolescent may be equal victims should cause teachers to increase their objectivity in any intervention system.*

MYTHS SURROUNDING ADOLESCENT ABUSE

Many professionals who work with abused adolescents continue to doubt that the phenomenon exists and is pervasive.

□ The abuse of adolescents--children from the ages of 12 to 18 years--is a major social problem of our time. Approximately one-fourth of all incidents of abuse reported nationwide fall within this age group, and many more unreported cases are being discovered in a wide variety of youth serving agencies. In spite of the growing recognition and documentation of adolescent abuse, many professionals who work with abused adolescents continue to doubt that the phenomenon exists and is pervasive. They continue to hold firmly to several destructive myths: that adolescents cannot be abused because they can defend themselves; that adolescents will run away rather than be abused; and, most destructively, that adolescents "deserve everything they get."

Although it is true that adolescents are reaching the peak of their physical growth and strength, and that they are often larger and stronger than one or both of their parents, they may still be emotionally and psychologically dependent upon their parents. In the face of this dependency, teenagers frequently become submissive to an abusing parent. The abusive behavior is tolerated in order to have their normal dependency needs fulfilled.

These dependency needs also prevent youths from running away in the face of abuse. Further, the act of running away often invites the intervention of others--school officials, friends, relatives, the police--who may not be sympathetic to the needs and problems of the adolescent. When this is the case, the young person may not only suffer the abuse of the parent, but may also become a victim of the community and society.

Adolescents get abused and intervention with their families is necessary.

Lastly, in response to these myths, the question must be asked, Who ever deserves to be abused? Although it is documented that the behavior of adolescents toward parents is often provocative and derogatory, the appropriate response to this behavior on the part of the

parents (including corporal punishment) remains a hotly debated and unresolved issue. However, the use of fists, belts, electric cords and the like, and the throwing of knives and other dangerous objects go beyond the bounds of punishment and reflect a brutal and uncontrolled rage. It is this brutality and loss of control that are so dangerous and damaging to both the physical and emotional well-being of the child. In summary, it must be recognized that adolescents *do* get abused and that intervention with their families is as necessary as it is with the families of younger children.

RECOGNIZING DIFFERENT TYPES OF ABUSE

□ Adolescent abuse falls into three major categories: physical, sexual, and emotional. Teenagers can also be the victims of neglect, which is a separate topic, too broad to be covered in this chapter.

Physically abused teenagers show signs of having been in a fight.

Physically abused teenagers show signs of having been in a fight. These so-called "barroom brawl signs" are not uncommon and include bruises, black eyes, split lips, scratches, and other facial injuries. Bruises on other parts of the body can also be the result of physical abuse. All of these are, of course, nonspecific signs in that they do not necessarily mean there has been abuse. They must be seen as part of a larger story before an observer can label them as being caused by abuse. An explanation of the injury must be compared with what is observed both physically and behaviorally. Some signs are more obviously the result of abuse. They are the welts left from whippings, which take the form of hand marks, belt marks, chain or cord marks. Unlike injuries inflicted on younger children, fractures, burns, and serious internal injuries are rarely seen—a testimony to the physical growth of the teenager.

These signs must be seen as part of a larger story before an observer can label them as being caused by abuse.

As with younger children, there are numerous behavioral signs. The fearful, untrusting teenager may be the victim of abuse, as might the extremely aggressive or extremely passive youth. Each child or adolescent reacts emotionally to an abusive situation in a way unique to his or her own personality and living situation. Adolescents react emotionally in some ways that are different from children. These reactions are all the things that tend to get lumped together as "adolescent problems." As they react to abuse, youths are much more likely to have drug problems, school learning and truancy problems, and control problems. These control problems (or behavior problems) get the youngsters in trouble in many ways with school authorities, police, parents, and teachers. Behavioral signs are most important in indicating sexual or emotional abuse, for they are often the only tangible signs.

Each child or adolescent reacts emotionally to an abusive situation in a unique way.

Behavioral signs are most important in indicating sexual or emotional abuse, for they are often the only tangible signs.

Sexual abuse can be defined as any sexual contact between a parent and a child. It may be between members of the same or opposite sex, and by force or seduction. The activity may range from molestation to intercourse. Most often there are no physical signs, and the presence of sexual abuse must be determined by verbal reports. The child, who is no longer willing or able to tolerate the behavior, will confide in a peer or adult (often a teacher) that abuse has been going on. This report must be taken seriously. It is the only way in which the abuse can be discovered, since behavioral signs are so nonspecific. Victims of sexual abuse, like victims of rape, are often not believed. This is wrong; an overwhelming majority of reports have a certain measure of validity that must be pursued.

Emotional abuse may well be the most prevalent form of abuse. Unfortunately, the concepts are vague and every observer has his or her

own definition of which mental injury is caused by abuse and which is not. It must suffice to say that even in the most obvious cases, where there is continual emotional torment, the proof of abuse is difficult. Some examples of this kind of abuse include berating a child for emotional or physical problems, placing a child in a situation and then blaming the child for being there, and denying affection or other emotional needs.

SCHOOL AND NONSCHOOL RELATED PROBLEMS ASSOCIATED WITH ABUSE

When teachers look for abused adolescents, they find them in great numbers.

☐ Once adolescent abuse is defined, the next step is to discover where to find it. The school is one of the best resources for this. School based child abuse programs, such as the one in Montgomery County, Maryland, described in chapter 4, demonstrate that when teachers look for abused adolescents, they find them in great numbers. (In Montgomery County an unprecedented 50% of all abuse reports concern adolescents.) These children come to school with bruises and bumps showing.

Physical education teachers have a special opportunity to observe injuries on parts of the body not ordinarily exposed. They can also question whether the reluctance of a youth to get dressed for gym is related to abuse. Often the first person to be told of an abusive incident is a trusted teacher or school counselor. These same people may also receive reports from concerned friends and confidants of the abuse victim. School personnel can also search for abusive situations when students begin to have truancy problems or any other kind of school problem that is new to them. A child who received all A's in the seventh grade and is getting all D's in the eighth grade is obviously a child who is having problems, and abuse may be one of those problems.

School personnel can search for abusive situations when students begin to have school problems that are new to them.

Many teenagers seen in the juvenile justice system have been physically or sexually abused, and almost all have been the victim of emotional abuse.

There are also many nonschool related problems that are associated with abusive family situations. Many teenagers who run away from home have been physically or sexually abused, and almost all have been the victim of some kind of emotional abuse. Youths who have been charged with delinquency have often been abused. The same is true with drug problems. It is impossible to causally link the associated abuse directly with either the school related or nonschool related problems. In fact, many of these youths will not complain of being abused. Runaways most often talk about "family conflict" and only report abuse if specifically asked about it. Most of the abused adolescents who are seen as runaways or in the juvenile justice system see the abuse as "deserved" punishment—"After all, I was bad!" Only careful questioning about family life can demonstrate an abusive situation.

Whether one considers them as children with problems who are abused or as abused children who have problems, the important fact is that a youth and his or her family are in conflict with each other. This recognition is often the first step in understanding and resolving the family problems.

PATTERNS OF ADOLESCENT ABUSE

☐ There are three patterns describing abuse of teenagers. In the first, the parent has been abusive since an earlier time in the child's life and this abuse continues into the teenage years. This pattern is a direct extension of the principles presented elsewhere in this volume. The second is a pattern of physical punishment that increases in quality and quantity during adolescence: "He used to slap and spank me when I

was bad, now he hits me with his fist." And lastly, there is a pattern in which physical punishment and abuse are directly related to adolescence: "He was a perfect angel until he went to junior high school and then he turned bad!" In the second two patterns, which seem to predominate, an abusive potential between family and child is accentuated by the manner in which the child and family cope with adolescent development and/or by how the parents and other family members react to the midlife development of parents. Focusing on these dynamics will clarify what is special about adolescent abuse.

The predominant pattern is for abuse to be accentuated by the manner in which the child and family cope with adolescent development and/or the midlife development of the parents.

The commonly accepted theory of child abuse combines the forces of three factors—*potentially abusive parent, special child,* and *trigger situation* (stress)—to lead to an abusive incident. These factors can be further described as a parent who can lose control and chooses to do so in a physical way, a child who by virtue of personality or physical makeup sets himself up for abuse, and a situation of stress (the proverbial straw that breaks the camel's back). To these givens, which apply to adolescent abuse as well as child abuse, must be added those special factors that come into play in families of teenagers.

ADOLESCENT DEVELOPMENT AS A FACTOR IN ABUSE

Certain developmental tasks of adolescents are extremely provocative.

□ Every teenager is a "special child." Adolescence is a very special time in children's lives. There are certain developmental tasks that adolescents must do and work on in order to become adults. Three of these tasks are extremely provocative and can easily set the stage for an abusive incident.

The first of these tasks is physical development. This development is marked by inevitable changes in the size and shape of these young people. Physically and sexually they begin to look like adults. Both the children and their parents have to adjust to these new bodies and, in many ways, new people. It heralds the end of childhood in an incontrovertible manner, a fact that many families are not ready to accept. The struggle with these changes presents a stress within families.

Physical development heralds the end of childhood in an incontrovertible manner, a fact that many families are not ready to accept.

The end of childhood is further delineated in a psychological way as youths begin the part of the separation process reserved for adolescence. Although children have been slowly separating from their parents since birth, in adolescence they do it more dramatically. Mothers of abused infants can sometimes verbalize, "I'm angry at my child because I know he is going to grow up and leave me." These particular children are safe as long as they are not growing up and leaving. But in adolescence, they actually do leave. Further, they make it very obvious that they are leaving. The harder it is for parents to accept this separation, the tighter they cling, and the harder it is for the adolescent to leave smoothly. Instead, in these instances the separation becomes explosive, and abusive behavior may result.

Part of this leaving process normally requires dispelling the myth that says their parents, who have been taking care of them all their lives, are really the most wonderful, marvelous, and powerful people who can do all and see all. As they deal with adolescents, teachers are unfortunately in the same situation, because this myth must be separated from them as well. Young children have a love affair with their teachers. When they get to be adolescents, they suddenly find out that teachers are human, too, just as they are finding out about their parents. The steps involved in separation are at best provocative and at times destructive.

The psychological task of separation requires dispelling the myth that parents (and teachers) are wonderful.

The reaction is often one of anger.

In learning to control their own behavior, adolescents do a lot of testing; the provocation inherent in this process can lead to anger and abuse.

If children or their families are having difficulties in dealing with this process, the reaction is often one of anger. When this anger gets out of hand, parents may find themselves abusive.

Another task of development is learning how to control one's own behavior. This process culminates in adolescence. Most children slowly learn how to do this as they grow up from early childhood. While they are young, parents take over this control when necessary. But, because of their size and age, teenagers find that no one can control their behavior for them—not teachers, not parents, or, at times, not even police. As every adolescent practices gaining this control, he or she does a lot of testing of what is right and wrong, of what can and cannot be done. The provocation inherent in this process is difficult for families in trouble or youths in trouble to deal with, and, as with separation, leads to anger and possibly abuse.

Adolescence is, indeed, a very special time in the lives of children and their families. These developmental tasks of physical growth, separation, and control are all potent factors that, given the right parental and stress factors, can lead to abuse.

MIDLIFE DEVELOPMENT AND FAMILY ADJUSTMENT

The reaction of parents to their midlife development is often disruptive to themselves and their families.

☐ The potentially abusing parent is also a factor in the causation of child abuse which has special considerations in adolescence. Much has been written lately about midlife development. This midlife development has two important facets that concern abuse. First, the reaction of parents to their midlife development is often disruptive to themselves and their families, making it more difficult to adjust to and work with the development of their adolescent children. Secondly, when examined closely, these midlife tasks and issues are in direct conflict with those that the adolescent is dealing with.

What are these midlife developmental issues that require personal adjustment? Parent groups that this author has worked with consistently mention five: (a) the assessment of life accomplishment, a catch-all category that covers everything from career satisfaction to adjustments in parenting roles as children grow older; (b) the aging or death of their own parents, which brings to light the question of their own mortality and may also place adults in a situation of role reversal with their own parents; (c) the problem of divorce; (d) a perceived decrease in energy level; and (e) a perceived "change of life" or decreased libido. Each of these tasks, and the many others that have been described, leaves the parent of an adolescent with a potential problem area. Just as with the children, as parents struggle or stumble over these tasks, the family must adjust. If the family is unable to do this, the conflicts caused may be played out in an abusive scenario.

CREATION OF STRESS

When parental issues are compared with the concerns of their adolescents, they appear to be in direct opposition to each other.

☐ As parents and teenagers are simultaneously struggling with their own age appropriate developmental issues and tasks, the inherent conflict between these developmental steps further complicates family interactions and creates a stressful situation. For when parental issues are compared with the concerns of their adolescents, they appear to be in direct opposition to each other. For example, as parents are asserting where they have been, their adolescents are addressing where they are going. As parents are considering death and mortality, their adolescents are beginning their separation and starting their new lives, very

often denying mortality, or at least dodging the issue. As parents talk about divorce and the end of relationships, their adolescents are talking about marriage or the beginning of relationships. As parents talk about decreased energy, their adolescents are reaching an energy peak. As parents talk about decreased libido, their adolescents are beginning their sexual lives. These polarities accentuate any problem that the parent and/or child has in any of these areas, leading to increased conflicts.

Both adolescent and parent developmental problems can enhance otherwise dormant abuse potential.

Simply restated, both adolescent and parent developmental problems can enhance otherwise dormant abuse potential and lead to stresses that can precipitate an abusive situation.

SEXUAL ABUSE OF ADOLESCENTS

□ While physical and emotional abuse of adolescents seem to be different in many respects from child abuse, the sexual abuse of adolescents is not clearly different in nature or implication from the same phenomenon in childhood. Contrary to the findings in physical abuse cases, most sexually abused adolescents have been victims of the abuse since childhood. Occasionally the intensity and nature of the abuse will change (i.e., molestation may lead to intercourse), but more often early patterns remain the same. What *is* special about the adolescent and sexual abuse is that this is the age when the victims themselves most often report that it has happened.

The sexual abuse itself is a phenomenon that binds the abusing parent to the child. Since the child is sexually immature at the onset, this binding most likely has closeness, however misdirected, as its basis rather than a basically sexual meaning. As children reach adolescence their sexuality matures, which changes the nature of this parent-child relationship. Similarly, as previously discussed, it is an age in which family binding gives way to separation. Both of these changes make the relationship no longer tolerable to the youth and he or she asks for help. Thus, the nature of sexual abuse is not special in adolescence, but rather there is a change in its acceptance by the child.

The nature of sexual abuse is not special in adolescence, but rather there is a change in its acceptance by the child.

THE TEACHER'S ROLE

The teacher plays the role of a parental substitute, and the youth plays out developmental and family conflict in the classroom as well as at home.

☐ The adolescent in the classroom is much like the adolescent at home. As mentioned earlier, the teacher plays the role of a parental substitute, and the youth plays out developmental and family conflict in the classroom as well as at home. Teachers react to these behaviors and very often (and with just cause) get as angry as parents do toward these children, their provocations, their failures in control, and their need to dispel the myth of adult perfection.

A teacher's anger often contradicts society's expectations. Society expects teachers to be saintly, to put their feelings aside, and to act as advocates for a child in trouble. They are expected to ask a young person, "What's going on with you? What's the problem? What's going on in your life that is bad? How can I help?" Conversely, society asks teachers to go beyond advocating for the youth and to avoid getting embroiled in a circular family argument by moving toward a neutral position. This is done by looking past the child to understand that the parent may also be in crisis and that the child's behavior may well make the parent an equal victim. As teachers approach these cases, they must walk a tight rope, making sure that they do not get involved in a way that will make things worse for the child, the family, or themselves.

Teachers must make sure that they do not get involved in a way that will make things worse for the child, the family, or themselves.

The first step is to recognize abuse when it is there. This is more difficult than it appears because the injuries, when physical, must be assessed beyond their medical significance to include the often clouded circumstances of their origin. When not physical, but emotional or sexual, the signs are even less clear and reliance must be placed on rather subjective verbal reports as the only available data. Further, teachers must increase their objectivity to put aside any anger they have as the result of the child's behavior toward them. Any evidence of abuse must be seen as part of a complex drama between family members. Within this drama, parent, child, and environment all play major roles.

Teachers must increase their own objectivity to put aside any anger they have as the result of the child's behavior toward them.

Once abuse is recognized, the observer must become part of the intervention system, first through reporting, and later as a community resource. Teachers have a great role in this for they see these children every day. They can be a vital factor in saving a troubled youth from further physical or emotional harm. Sometimes they are the only resource available. Reporting adolescent abuse to the proper authorities is a most important step and within itself is extremely valuable. To use the resources of the school to the greatest advantage, however, teachers must begin to move beyond reporting. They must see themselves as advocates for, youth, advocates who can guide young people and their families through an often unsympathetic and complex service system toward help.

Teachers must see themselves as advocates who can guide young people and their families through an often complex service system.

family structure and professional roles

michael l. lauderdale

Key Ideas

- *As the natural family has been reduced in its size, scope, and responsibility for child rearing, formal institutions have been created to handle roles and duties previously belonging to the family.*
- *Social processes over the last 30 years have extended the professional model in many areas of health, education, and emotional health and well-being of the child.*
- *A significant problem in the treatment of child abuse and neglect is how to alter the dynamics and the family process in order to assure adequate protection and care for the child.*
- *Abusive families frequently have patterns of unemployment, inadequate income, poor housing conditions, mixed marriages, and unwanted children.*
- *Professionals must examine the abused child's family life and expand the network of people who are available for caring and for increasing parenting resources.*

THE EXPANDED ROLE OF THE SCHOOL

For children, the school is the paramount institution.

☐ Child abuse and neglect have been a large concern of social work for 80 years, of medicine for 15 years, and of education for 10 years. Why this tragedy is such a monumental challenge for the schools has something to do with what the modern school has become.

For children, the school rather than the family has become the paramount institution. Mandatory schooling has been extended from the ages of 6 through 18, with necessity and social pressures extending that further from 3 to 25 years of age. This increase in the educational process is seen as a general good, and the effort is to extend these benefits more fully to everyone. Through this expansion, the school itself has become more than a vehicle for cognitive improvement and development. School health personnel deal with many of the health problems of the individual child. The hot lunch program seeks to ensure that some minimal level of nutritional adequacy is assured to each child. School counselors and psychologists assess not only the cognitive skills and abilities of the child but also vocational preferences and personal problems. Special education teachers make certain that exceptional children have specially tailored curricula and experiences to overcome or make the best of handicapping situations. So many things that used to be ignored or thought impossible to deal with are today seen as the routine responsibility of the school. So many things that used to be the responsibility of the natural family are today also the responsibility of the school, among many other institutions.

The school has become more than a vehicle for cognitive improvement and development.

Many things that were the responsibility of the natural family are today the responsibility of the school.

To see how this has developed and what its implications are requires a look at the not too distant past.

CHILD DEVELOPMENT IN INFORMAL SOCIAL SYSTEMS

□ The protection and development of the child have for all past ages been primary concerns of the nuclear or natural family and the extended family. The models of how to rear and care for children were passed by visible example from generation to generation, and usually two generations (parents and grandparents) as well as other family members were engaged in these tasks. When care by one family member became abusive or neglectful, other members were there to replace or restrain the deviant parent. In ages past, good child care was a sine qua non of family survival, and abusive and neglectful families tended to eliminate themselves.

In ages past, good child care was necessary for family survival.

Pioneer and rural America depended on family and extended family care for the protection and care of the child. Not only were the mother and father engaged in caring for the child, but brothers and sisters, grandparents, and maiden aunts had special roles that provided natural support mechanisms to promote the physical, psychological, and social development of the child until adulthood. To a great extent, this responsibility of the family is characteristic of all the various ethnic groups in the United States, but some special differences do need to be noted. Blacks, because of conditions imposed by slavery, had greater difficulty in maintaining traditional family forms, since parents and children were often separated and sold to different owners. Some recent data, however, indicate a remarkable elasticity in maintaining traditional family arrangements (Gutman, 1976). While American Indian approaches to child rearing varied greatly, most Indian groups shared the common experience of cultural subjugation and forced encampment on reservations. These experiences, combined with missionary and governmental attempts through boarding schools to replace the family, are unique problems associated with the Indian and the continuation of the natural family for the care of the child.

Child care and protection were the responsibility of the natural family.

These exceptions notwithstanding, child care and protection have always been the responsibility of the natural family in this society. When abuse and neglect occurred, often little was done; nor was it even felt that anyone other than the natural parents had any responsibility to the child. Children who manifested either physical or mental handicaps probably fell into two categories. First, children who were mildly handicapped were less likely to face abusive situations with a single parent, since a variety of caregivers usually were available in the natural family. Furthermore, visible handicaps were far more common. Between modern medicine and institutionalization, the "different" person has been made less visible in contemporary society and the fear and apprehension associated with such differences have increased. In early America, since the handicapped were more visibly present, such conditions may have been less an issue. The severely afflicted child, on the other hand, became a critical economic burden, and medical knowledge was scant to provide help. Such individuals probably faced an early natural death or in many cases were abandoned by the community members themselves.

Children with physical or mental handicaps were protected from abuse by the variety of caretakers available.

The handicapped were a visible part of society.

In family farm settings, young children were important participants in contributing to the economic activity of the family unit; however, farm life usually included cycles of work and leisure and did not tyrannize childhood.

Young children were important participants in the economic activity of the family.

This was the first romantic era of family life. Families included children and grandparents, and the routines of living invoived everyone in a daily tempo of shared activity. Young children helped draw water and bring wood or coal indoors for the morning cooking, while older children had chores of caring for the family cow, pigs, and chickens. Parents and grandparents early taught children gardening, canning, sewing, cooking, carpentry, and so forth. Children were valued for the joy they brought but also for the help they provided. The family without strong boys to work the fields and strong girls to run the household was a family that was short-lived. The work roles of both sexes overlapped greatly, since the demands of work and the absence of hired help required men and women alike to be able to perform many of the same tasks. These were the times that the Currier and Ives prints portrayed at Christmas or the Waltons portray on today's television. The family was a large organic group that required cooperation and participation of all family members. These bucolic and pioneer times have provided one model for family living that, though it always involved hard labor, did not exploit childhood.

THE EFFECTS OF INDUSTRIALIZATION

Industrialization spread child labor and brutalized traditional family roles.

□ Industrialization and the postirdustrialized era greatly changed the role of the natural family and sharply reduced the prevalence of extended family units. Through this process, issues associated with the care and protection of the child also changed. Young children in early industrialization became valuable economic commodities that could perform certain assembly tasks, and the use of child labor spread with industrialization. The exploitation of child labor is not a pretty picture, and its early use in England provided Charles Dickens with settings that evoke pathos to this day. This model of family living conferred early adulthood upon children as soon as they reached 5 years of age and brutalized tradltional family roles. Children could become property of their parents to be utilized and exhausted. So thorough and pervasive was this spread that it produced its own corrective factor; the abuses and the historical use of children as chattel led to early legislation protecting, in law, the rights of children that had in the past been observed, perhaps irregularly, but nevertheless observed by natural families.

The pervasive exploitation of children by their parents led to legislation protecting the rights of children, formerly the domain of the family.

As industrialized societies mature, child employment becomes less of a consequence and, with automation, job scarcity and labor surpluses become greater concerns. Thus, in most industrialized societies there is little opportunity for factory employment of children, and this of course reaches detrimental proportions for the adolescent. In the United States, for example, adolescents suffer unemployment three to five times greater than older persons. Industrialization, though an early factor in child abuse, manifests itself differently as the economy matures.

By the 1950's, the wage economy family had replaced the rural farm family as the typical social unit, with Ozzie and Harriet Nelson as the model.

The first accommodation of the family to industrialization is for the man to enter the wage economy labor force and for the woman to stay at home to manage household activities, including the care of children remaining at home. Thus, in the United States by the 1950's, the rural farm family had been replaced as the typical social unit by the wage economy family, with the male as the external income provider and usually the most influential family member in setting goals for the family and in disciplining children. The female, on the other hand, had the responsibility of running the household and nurturing the young child.

Television of the 1950's concisely summarized that family ideal in Ozzie and Harriet Nelson and their two sons. Here was not the large extended family of the Waltons with several boys and girls and grandparents all engaged in farming, cooking, and sewing. Instead, here was a family basically centered around the children. Ozzie would disappear early each morning to a job somewhere. What he did few knew and none cared. Harriet, often preparing breakfast by pouring milk on the corn flakes, would then likewise disappear for eight hours until the boys and Ozzie returned home. What she did during the day is one of the mysteries of the twentieth century but, suffice it to say, family life began again around 5:00 that evening. This was the model of family living to which all aspired, and good child care was something assumed to occur naturally with loving parents and an occasional check with Dr. Spock.

Good child care was assumed to occur naturally.

☐ Postindustrialization developments have, however, altered this model, largely through the increased participation of women in the work force, the declining ability of the man solely to provide sufficient income, and the emphasis upon new and often conflicting roles for women as stressed through various women's movements. Today, then, the typical natural family consists of parents and children. Grandparents or other family members do not live in the household and are, at best, occasional visitors. The development and protection of the children are the responsibility of the parents, and other family members or neighbors are seen as having highly questionable authority or responsibility for the children. Parents' roles themselves tend toward greater ambiguity. Children and parents alike find themselves in marginal circumstances with little tradition to depend on to prevent or mediate conflicts.

THE FAMILY TODAY

The postindustrial family model has been altered by the emphasis on new and often conflicting roles for women.

Responsibility for child rearing is not shared with the extended family.

☐ As the natural family has been reduced in its size and scope and in its responsibility in child rearing, formal institutions have been created to handle roles and responsibilities previously belonging to the natural family.

THE FAMILY IN A WORLD OF INSTITUTIONS

In one way, the postindustrialized United States is a world of institutions and individuals. The world of the preindustrialized United States was a world of families and individuals. Today, however, we are born in an institution, the hospital; socialized in an institution, the school; earn our economic livelihood in an institution, the factory or office; and die in an institution, the nursing home or hospital. Part of the time that we are not within institutions, we are in families, but their size is smaller and their meaning less. More than ever before as a society, responsibility is placed on individuals to achieve, plan, and take care of themselves. Individuals are urged and expected to make a name for themselves and to achieve independently or in spite of their family background.

When institutions fail or when the natural family fails in the care of the child, another institution is there to intervene. This institution, child welfare, has the responsibility to protect the child when the family does not provide care and protection. Child welfare may act to treat the family to improve its functioning; remove the child for placement with another family or institution; or remove the child for a period of

Professionals now play a greater role in all aspects of child rearing, and the role of the family is consequently reduced.

time while awaiting improvement of the family situation and at some subsequent time return the child.

In this world of institutions, then, many major functions that were largely or solely the responsibility of the natural family now lie with professionals and institutions. The process of the last 30 years has extended the professional model in many areas of the health, education, and emotional well-being of the child and consequently reduced the degree to which the natural family is responsible for the development and protection of the child.

GROWTH OF THE PROFESSIONAL MODEL

□ These, then, are the conditions under which the family operates and functions, and the frame of reference within which issues of child abuse and neglect must be understood. In most communities, when neglect or abuse occurs it is handled within a traditional and fairly established procedure. Child welfare, through the media and professional inservice training programs, has generally made the public and professions aware of what factors hint at or suggest abuse or neglect. Most states now have a mandatory reporting law that requires anyone observing abuse or neglect to notify child welfare of the situation. To increase vigilance, many states have installed a single toll free, statewide number that is available for reporting on a 24 hour basis. Once a report is made by an individual or referred to child welfare by, for example, a school teacher or physician, a child welfare worker conducts an investigation within the home of the child. Through the investigation, the child welfare worker determines whether or not the report is justified and what action seems appropriate.

When a case of abuse or neglect is verified, treatment results are varied. Perhaps the single largest problem in treatment is how to alter the dynamics of the family process to ensure adequate protection and care for the child (Helfer & Kempe, 1976). The traditional practice of visiting the family once a week, or even less frequently, usually shows poor results, and some pilot programs bring the entire family for an extended period of stay into a therapeutic environment where the family can be under continuous observation and assistance to alter dysfunctional family patterns (Van Rees, 1976). Such approaches, though offering considerable potential for success, promise to be prohibitively expensive, even if applied to only the most seriously abusive families.

Abuse involves more than just family functioning and its impact on the child.

Abuse and neglect also have medical, psychological, and legal consequences.

Interdisciplinary professional teams focus a variety of disciplines on the complex problem of abuse.

Many problems in the traditional model of handling child abuse arise from the fact that abuse involves more than just family functioning and its impact on the child. Abuse and neglect have medical consequences, and termination of parental rights usually involves consideration from a physician's perspective. Abuse and neglect, when physical, have psychological consequences; when not physical, they also have psychological consequences. Whether it is more traumatic to permit a child to remain within an abusive family or to put the child in a new and unfamiliar situation is a psychological problem and requires examination from that perspective. How the law interprets the rights of the child and the rights of the parent and what is culturally abuse and neglect and what is not becomes at least a legal problem, and that requires a lawyer's perspective. Perhaps the best improvement in the professional model of practice has been the development of interdisciplinary groups—child protection teams—that examine and monitor abuse and

neglect situations to focus all these critical disciplines on this complex problem.

Even this improvement in treatment, though, does not guarantee certainty in altering abusive family patterns. Neither of the approaches—child welfare casework or child protection teams—deals with prevention, other than secondary prevention which means preventing additional cases within the family. Actually, both approaches seem to have their best success with identifying abuse situations, not with changing the family.

Even in those instances where highly professional teams have been established, one can ask whether the helping process establishes an equilibrium for the family, or at best ensures that there is a place to go when events begin to get out of hand. Certainly every community needs such a resource, but professionalization may not be the only, nor the best, alternative.

There has been some recognition that as individuals turn over the responsibility of various activities to others, problems appear to grow immeasurably (Maslow, 1971). It is one thing to seek help when problems exceed one's resources. However, when one's own resources are ignored or undeveloped, then a part of the problem is the solution itself. Much of what has happened within our society has been a decrease in the responsibility of the parents for the children and of the family for itself. This change came from no single source, but rather as a consequence of the rapid social and cultural change that has taken place and the particular directions that have been set. To continue in this direction and to eliminate and prevent child abuse and neglect will require even farther reaching changes within the family structure and the freedom of activity of the individual.

To eliminate child abuse and neglect will require far reaching changes within the family structure.

Several modern societies seem to have had much greater success than the United States in eliminating problems of child abuse and neglect. Denmark, Sweden, and East Germany, for example, have strikingly lower levels of problems in these areas. Denmark and Sweden have much less diversity and heterogeneity in their populations and have had a continuous common culture and community governments for hundreds of years. They have also developed a far more uniform and comprehensive health and social services system that places much less responsibility on the individual to seek and purchase these services and a far greater obligation on the part of the state to ensure that the services are provided. East Germany has had more severe dislocations of culture and government in modern times but also has similarly a much more comprehensive social service delivery system. Indeed, this system has been extended in such a fashion that an individual or family cannot legally refuse its services. This culture seems to have taken the alternative, not of making certain that the individual is financially, intellectually, and emotionally able to use the services, but rather of establishing the services in such a way that they are enforced on the individual. Nevertheless, it does seem to come very close to eliminating the kind of serious abuse and neglect that is so frequent in this society.

Some modern societies have had greater success in eliminating abuse than we have had.

INCREASING INTRAPERSONAL COMPETENCY

□ One alternative to this model of professionalism is to increase the individual's ability and capacity to recognize needs and appropriately use services. This, of course, cannot be done for children, particularly young children, but rather it must be their parents or caregivers who

One alternative is to increase the individual's ability and capacity to recognize needs and appropriately use services.

seek the services. Much of what has happened in recent years has been a reduction in family competency and, particularly, intrapersonal competency in caring and providing for children. To increase this kind of competency requires a change in thinking. It means that the professional must look, not to himself to deliver the primary services to the child, but rather at the natural groups where the child resides as the locus for greater potential parenting for the child.

The professional must first examine the family pattern of the child to see who is available for care and how the care network can be expanded. The vast majority of child abuse and neglect cases occur in a welter of other factors (Gil, 1971). Abusive families are frequently families that have income problems. They are families where one or both natural parents are unemployed or have low employment prospects. They are families where there are too many children and inadequate housing conditions. They are families where there is a mixed marriage or conflict with the parents' families. They are families where young parents are not ready to be parents and do not have, nor know how to get, assistance in problems of parenting. They are families where one or more children are exceptional children and the parents are fearful and ashamed of the child.

Society has failed to use its natural human resources to improve the level and kind of parenting available to children.

Margaret Mead (1970), among others, has argued that our society fails to use its natural human resources for children. Every community has both older people and young people with few responsibilities and few opportunities for meaningful human involvement. The use of foster grandparents has been a tentative but less than fully utilized step in the direction of increasing the level and kind of parenting available to children. Many cultural groups have traditions that could be emphasized to increase parenting resources. Among Mexican Americans, for example, godparents (*compradrazgo*) represent considerable potential for increasing parenting resources.

The professional should go beyond reporting abuse and seek to mobilize natural parenting networks for the child.

When a professional, such as a teacher, suspects a child of suffering abuse or neglect, the traditional model is to identify the suspected abuse, refer it to another institution such as child welfare, and then assume that responsibility has ended. A much better alternative is to go beyond this and seek to mobilize natural parenting networks for the child. In most neighborhoods there are individuals available to care for children informally in crisis situations, and teachers can be effective in locating and expanding these networks.

It has been estimated that perhaps one-quarter of all child abuse cases are exceptional children. Often the best person to help a mother or father deal with a handicapped child is another parent who has such a child. The professional response is not necessarily to tell a parent how to deal with a handicapped child, but to establish a network among parents who personally know how to meet and solve such problems. Parents Anonymous represents an organized development of this approach.

Child abuse and neglect have their roots in poverty, violence, ignorance, and frustration. Previous generations suffered abuse and neglect, yet family, community, and religious structures were viable supports against such tragedy. The decline of this support is widely recognized, but the answer is not solely or necessarily to look for other institutions (Besharov, 1976; Lauderdale, 1976). The most important part of the answer lies in building personal competency in the parent and competency in the family to care and provide for children. All elements of the

community are needed, and a good place for each community to start is in the school. The effort must be not to isolate and censure weak or neglectful parents, but rather to develop and strengthen parenting among all who care for children.

The answer to the decline of family support structures is to develop and strengthen parenting among all who care for children.

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when i see an abused or neglected child, what do i do about it?

diane d. broadhurst

Key Ideas

- *Reporting should be regarded as a request for an investigation to begin that will help parents protect their children.*
- *A report is not an accusation nor a proven fact. It is the raising of a question.*
- *State laws specify policies, procedures, and regulations for reporting—how, when, and to whom.*
- *When local education agencies adopt guidelines for reporting, they should maintain liaison with the service agency mandated to handle child abuse and neglect cases.*
- *Parents have the right to be notified when a report of nonaccidental injury to their child is filed*

DOING MORE WITH LESS

A large amount of money is not necessary for an effective child protection program.

☐ It is all too true that school systems everywhere are being asked to do more and more--often with less and less. It is thus particularly important to note that school systems need not spend large amounts of money to institute effective child protection programs. Most of what is suggested in this chapter can be accomplished with the expenditure of little more than some staff time and a few dollars for printing. The procedures recommended can be built into the existing structure of any school system, large or small, urban or rural.

REPORTING PROCEDURES AND RESPONSIBILITIES

Reporting is the beginning of a process that can help parents protect their own children.

☐ Perhaps this chapter should have been titled "Issues in Reporting" or "Reporting Is More Than Picking Up the Phone." Reporting suspected child abuse or neglect is not the end of a process, but rather the beginning. Reporting should be regarded as a request for a process to begin—a process that can help parents to protect their own children.

How do educators begin this process? How do they report? State laws generally contain needed facts about reporting. For example, in close to 40 states educators are strictly mandated to report suspected child abuse and neglect. In the other states reporting is encouraged, and no state forbids educators to report suspected child maltreatment.

An educator who reports is standing on firm legal ground and is backed by authority.

A report of suspected child abuse or neglect may be mandatory, or it may be permissive. That is, the report may be required or it may be encouraged. In either case, an educator who reports is standing on firm legal ground and is backed by authority when making a report of suspected child abuse or neglect.

State laws also specify to whom a report is to be made. Usually it is to the local department of social services or the local department of welfare. Sometimes the report is made to a law enforcement agency such as the police or the prosecuting attorney in addition to or in place of the social services agency.

Aside from the procedure specified by state law, there may be local procedures that educators need to be aware of. Many communities, for example, have established a particular system for handling case reports. Where such a system exists, it should of course be followed. Local procedures vary. They may provide for the channeling of reports to a par-

ticular individual or to a specified office. Sometimes a phone call to a hot line is the procedure to be followed. In some areas, only a verbal report to a single agency is required. In others, a written report must be filed with several agencies. In still others, both oral and written reports must be filed. Certainly, mandated reporters ought to know just what is required by the system. And if the system exists, is workable, and does not violate state statutes, it is a system that should be followed.

Procedures vary, and mandated reporters must know what is required by the system.

In addition to state and local procedures, there may be school system policies and procedures to be followed. There is a growing trend across the United States for local boards of education and local education agencies to adopt policies regarding the reporting of suspected child abuse and neglect. Many of these policies merely reflect state statutes regarding reporting. The more imaginative policies, however, specify procedures that school staff should follow when a case of abuse or neglect is suspected. Under these policies, for example, the classroom teacher may be encouraged to report directly to the mandated agency; to report to the building principal, who in turn must report, in accordance with state law; or the teacher may be asked to follow another procedure. The principal may be encouraged to support the staff in the making of reports; informed that the principal's powers regarding reporting are not discretionary (i.e., the principal may not stop a staff member from reporting); may be told how to make reports; or may be directed to inform parents when a report has been made.

In addition, central administration staff may be specified as having procedural responsibilities in the reporting of suspected child abuse and neglect. They may be given coordinating responsibility for the handling of cases, such as liaison with the local agency. They may be responsible for school generated reports or for participating in followup or in case planning after the initial report has been made. Many systems exist. However, those school systems that have adopted policies and procedures for handling suspected child abuse and neglect usually find that their reporting process moves more smoothly and with less hesitation when the steps to be taken are specified and widely known to all staff.

The reporting process moves more smoothly when the steps to be taken are specified and widely known.

It is well to keep in mind that reporting not only helps a child, it can help a parent as well. Sending an injured child to school can often be seen as a cry for help on the part of the parents. It would be much easier to keep an injured child at home until the child looked or felt better, yet the parents do not do that. They send the child to school, perhaps hoping that someone will take notice and help.

Sending an injured child to school is often a cry for help on the part of the parents.

☐ When it comes to knowing when to report and to whom, it is always wise to begin by establishing policy and procedure, specifying clearly the steps to be taken. At the same time, and very early in the process, it is vitally important for schools to establish liaison with the mandated service agency in the community. The staff liaison should be established and maintained throughout the entire process.

ESTABLISHING LIAISON

School policy should reflect agency procedure and guidelines for case handling. The guidelines should be agreed upon before they are promulgated. That may seem a simplistic, if not gratuitous, piece of advice, but all too often one agency issues a statement about another agency's responsibility without first checking that the information is accurate and reflective of the true state of affairs. When that happens, all that results is bad feelings.

School policy should reflect the procedure and guidelines of the mandated service agency.

Traditionally, schools have been reluctant to involve police officials, but in cases of child abuse and neglect there may not be a choice.

There is a further issue: Shall the police be involved? Traditionally, schools have been reluctant to involve police officials in anything, but in cases of child abuse and neglect there may not be a choice. In some states the law mandates that the police must be notified whenever child abuse or neglect is suspected. School officials cannot ignore that mandate. But again, liaison and guidelines to the law enforcement agency are indicated.

The police can immediately ensure the child's safety, something true of no other community service.

There are other instances when police involvement may be indicated. If a child is injured or in pain, the police can take the child into protective custody and ensure that the child's medical needs are attended to. Few other community resources have that capability. If a child is in danger and the mandated service agency, usually the department of social services, is slow or limited in its response, use of the police provides the school with another option to ensure the child's safety. Protective custody, vested in the police, can be used to secure immediate safety for the child. It is available 24 hours a day, something that may be true of no other community service.

MODEL PROGRAMS

In many communities cooperative programs have been worked out between schools and other community agencies.

□ In many communities, cooperative programs for managing child abuse and neglect have been worked out between schools and other community agencies. Reporting in these communities is only one small part of the picture, really only the beginning of a process. Chapter 5 contains an extensive discussion about a school-community system in Colorado. There are several others, as well. In Montgomery County, Maryland, for example, reports of suspected child abuse and neglect which originate in the schools are automatically accepted as valid reports, and they are immediately investigated by the department of social services. One step in the usual department procedure—weighing a report to determine if there is reason to investigate—has been eliminated, and the process has been streamlined. Interviewing procedures have evolved. When it is necessary for the department of social services to interview a child at school, a place is provided for the interview, and a staff member, often the principal, remains with the child.

School involvement in Montgomery County does not end with reporting and interviewing, however. The school system participates in two county child protection programs on a continuing basis: (a) the Child Protection Team, a multidisciplinary group that meets weekly to staff cases of abuse and neglect brought to it by protective services workers, and (b) the Advisory Committee on Child Abuse and Neglect, a countywide group advisory to the county's child protection coordinator. The latter group is particularly concerned with legislation, funding, and preventive programs.

In Charleston, South Carolina, the school's responsibility for child abuse and neglect has been taken on by the school nurses, a group of extraordinary and committed individuals. When abuse is suspected, a nurse responds immediately to examine the child and to assist the school in making a report to the local department of social services. The nurses also serve as the liaison between the school and the department in followup of reported cases. The nurses keep the records, and when court is indicated they are prepared to testify. Where neglect seems to be a problem, the nurses keep careful watch over the child over a period of time to determine if the problem really is neglect, or whether there seems to be something else going on in the family. The nurses make

home visits and talk to the child and to the parents. When a referral is indicated, they frequently accompany the protective service worker on the initial home visit.

San Francisco has developed a school reporting system that works well for a large urban system. Reports are made directly to the department of social services by the local school, but a copy of the report is sent to the central supervisor of pupil services, who serves as school coordinator and liaison to the department of social services. When problems arise or when additional information is needed, the supervisor of pupil services is the contact person. What could be a cumbersome reporting system in a very large school district has been streamlined. But San Francisco also goes beyond reporting. Their policy on child abuse and neglect is unique in one important aspect: It encourages staff to participate in the protective services assessment of the child.

For each of these programs, as well as for the one in Adams County, Colorado, reporting is just the first step. These systems are "reporting plus."

Reporting is just the first step; these systems are "reporting plus."

☐ One important issue that requires careful consideration is when—and whether—a school should notify the child's parents that it has reported suspected child abuse or neglect. Parents have the right to be notified, and in most cases that notification should take place immediately after the official report has been made. Many school policies specify that a particular staff member, often the building principal, has this responsibility. In some jurisdictions, however, it is the mandated agency that takes this responsibility.

NOTIFYING THE PARENT AND CHILD

Parents have the right to be notified that a school has reported suspected child abuse or neglect.

Notification to the parents should be firm but kind. Staff should make it clear that they are required to report all instances of nonaccidental injury to children, but that staff is placing no blame for the injury. Parents should be told that they will be contacted by the local department of social services or whatever agency will be investigating. The school should affirm its concern for the child's welfare and offer to be of whatever assistance possible to the parents.

In some instances, the school might be well advised to delay or to avoid notifying parents. If, for example, a delay in response to the official report can be expected—a delay of days or weeks—it may be well to delay parental notification. When a parent is known to be violent, certainly caution is advised. It may be better to let the mandated agency handle notification when school staff are unsure of their own ability to do so, but it is well to advise the agency of the expected reaction and of the reason for the school choosing to withhold notification. Generally, school systems that routinely advise parents that a report has been made find the system works well. Parents are less hostile and resentful when they understand that the school has a legal responsibility that it must fulfill.

Parents are less hostile and resentful when they understand that the school has a legal responsibility that it must fulfill.

What about notifying the child that something is going to happen to him or her? This is a process in which the child is very much involved. An injured child, particularly one injured by a parent, is likely to be a frightened child, and one who has little reason to trust adults. When it is necessary to report suspected child abuse or neglect, it is well to tell the child that a report is going to be made, and why. The child should be told what will happen—that some people will be coming to talk with him or her; that a medical examination is forth-

The child should be told what will happen.

coming; or whatever is expected to happen. The school should make every effort to be as supportive to the child as possible. If the initial interview with the child will take place in the school, a quiet place should be provided, and a staff member to whom the child can relate well should be present during the interview.

As was true with parental notification, timing is a consideration. Good social work intervention dictates that the investigation should begin immediately. But if the mandated agency cannot respond promptly, if the interview will not take place for days or weeks after the report, it will be well to delay telling the child until just beforehand to avoid raising anxiety and fears about something that will not happen for a long time. Neither should the school put itself in the position of telling the child but cautioning him or her to say nothing to the parents. That is an intolerable burden for a child to bear.

ISSUES IN RECORD KEEPING

☐ Another reporting issue requires careful examination. When a report is made and an investigation is requested, a record is automatically made. Each state has its own requirement and definition of what is to be included in the initial report of suspected child abuse and neglect. Usually the information required is fairly simple, but staff should be conversant with the requirements in their state. Staff should report only what the state statute requires, what they can observe, and what they know. Staff must avoid being judgmental and speculative. This is in line with current educational thinking on the necessity of avoiding labeling. Johnny is not labeled a thief; instead it is stated that on three occasions he was found in possession of other people's wallets without the owners' knowledge or permission. The same standard should apply in reports of suspected child abuse and neglect. A report of suspected child abuse or neglect is just that, and the operative words are *report* and *suspected.* A report is not an accusation, nor should it be; it is a request for an investigation to begin. Suspected child abuse is not proven fact; it is a question that has been raised. A report should not label a parent as a child abuser; instead it should state that there is reasonable cause to believe that the child has been abused, and why.

Staff should report only what the state statute requires, what they can observe, and what they know.

A report of suspected child abuse or neglect is just that, and the operative words are report and suspected.

Schools may wish to develop their own forms for reporting suspected child abuse and neglect. Such forms should require the information asked for by state statute, but no more. The form will then be legally accurate but will not be in conflict with the Family Rights and Privacy Act, which exempts from its provisions reports that are required to be made under state statutes. Any other information needed from school records can be obtained with parental consent or by court order.

Schools will need to consider what to do with written reports when they are required. While some notation of a confirmed case may be in order in the child's confidential record, particularly if the school is involved in service delivery to the child, it seems unwise to keep a copy of the initial report in the child's folder to follow the child all the days of his or her school life. Perhaps the safest course is the *need to know* rule. A copy of the original report is always retained by the mandated receiving agency. Other copies, when they are not needed, should be destroyed. Some school systems keep their copy of the initial report in a separate, confidential file in the local school for 30 days, after which it is destroyed. The central office copy is retained for the school year, at the end of which it is destroyed. The only copy that remains is the

While some notation of a confirmed case may be in order in the child's confidential records, the safest course is the need to know rule.

original copy filed with the department of social services, and it is available only by court order. Thus the family's privacy is protected and confidentiality is assured.

The family's privacy must be protected and confidentiality assured.

IMPORTANCE OF FEEDBACK

☐ The one issue that proves most irritating to school staff who have reported a case of suspected child abuse or neglect is feedback, or rather the lack of it. An educator who has reported a case of child abuse or neglect has done so because of real concern for the child. To have the matter end there abruptly and to hear no more is more than irritating; it is insulting. Some feedback to the reporter must be provided, and it can be done without violating family confidentiality. When guidelines between the schools and the local department of social services are established, feedback should be a part of them. If there is a school coordinator, he or she can be notified that a report has been received, that a case has been opened or closed. The reporting form can have a tear-off section that can be returned. A letter can be sent. Any number of mechanisms can be designed, but one of them must be used. If nothing has been heard after a reasonable length of time, the school should not hesitate to call the local department to ask about the case and to state dissatisfaction with the feedback procedure.

Any number of feedback mechanisms can be designed, but one of them must be used.

BEYOND REPORTING

☐ The education profession is beginning to take a much more active role in the prevention of child abuse and neglect than it did even two years ago. More and more, reporting is being regarded as just the first step schools should take. Increasingly, schools are becoming active in prevention by sponsoring such programs as education for parenthood, forums on discipline, groups for adolescents, and courses on the phenomenon of child maltreatment itself. Schools are increasingly involved in service delivery to abusive and neglectful families with such programs as before and after school activities, day care, reduced price or free meals, educational and psychological testing, and counseling programs. Frequently these services are given in concert with other community agencies in a comprehensive, coordinated delivery system. More and more, it is being recognized that child abuse and neglect is everybody's problem. Educators can begin to solve it by reporting, and they must begin there. But educators can and must do a great deal more. School systems everywhere must follow the lead of those districts that have pioneered school based child protection programs.

Educators can begin to solve the problem of child abuse and neglect by reporting, but they can and must do a great deal more.

A PERSONAL NOTE

☐ I often felt torn between reporting and not reporting a case, wondering if good would come out of the report, or whether ill would result. But my resolution of this difficult dilemma, reached after a great deal of personal struggle, is that we educators must report. If things do not go well, that is a compelling reason to change the system that is at fault, and it may provide the impetus for change. But the simple fear that things *might* not go well is never a reason not to report. All too often, when we face it honestly, that fear is nothing more than an "out" for us, a reason for us to turn away from the situation. We cannot afford to do that any longer. While we cannot be certain that things will get better if we report, we *can* be certain that they will get worse if we do not report.

While we cannot be certain that things will get better if we report, we can be certain that they will get worse if we do not.

policies and procedures for reporting

margaret a. nicholson

Key Ideas

- *An ideal school referral program facilitates openness, understanding, trust, and cooperation between school personnel and the social service agency.*
- *Policies and procedures for reporting suspected child abuse and neglect cases outline shared responsibilities in pursuit of child protection and family service.*
- *In a typical school reporting procedure, the teacher discusses a suspicious case with the school nurse or school social worker. They examine the child. The reporting person telephones the referral to the social service agency, completes the reporting form, and notifies the principal.*
- *The social service agency representative investigates the referral; meets with the teacher, child, and parents; provides an evaluation of the family; and makes a recommendation to an interagency team.*
- *The interagency team develops a case plan of intervention consisting of treatment services through the social service agency and supportive efforts by school personnel.*

EDUCATING THE EDUCATORS

School personnel must be educated about recently enacted mandatory reporting laws.

□ Reporting of suspected child abuse and neglect by public school personnel is essential to the protection of children. In this country, most states have mandatory reporting laws that require school personnel to report their suspicions. In most states, these mandatory reporting laws have only recently been enacted. Thus there is a great need to educate school personnel regarding the laws, the effects of child abuse and neglect, and the contributions school personnel can make to these children and their families.

THE CAN TEAM

The CAN Team was created to increase reporting by the school district and feedback from the social services agency.

The school district and social services agency assumed mutual responsibility for funding and providing staff.

The CAN Team designed a reporting procedure and conducted inservice training.

□ Across the country, there are several school districts that are providing such educational programs. One example is the Jefferson County School District in Colorado. In cooperation with the local social services department, this school district established a team of three staff called the Child Abuse and Neglect Team (CAN). The team was created because the district was reporting only a few referrals of suspected abuse and neglect. Also, the district thought the feedback from the social services agency was inadequate when they did report a referral.

The two agencies assumed mutual responsibility for reporting and feedback through the assignment of one social worker funded by the social services department and two staff, a nurse and a social worker, funded by the school district. These three staff are the CAN Team.

The team first designed a reporting procedure for referrals to be made to the team, and each referral was evaluated. Secondly, the CAN Team sought to educate the personnel of the district through inservice training. These efforts resulted in more children being referred. In 1973-74, less than 15 cases of suspected abuse and neglect were referred. Approximately 10 reports were filed by the schools in the 1974-75 school year prior to the creation of the CAN Team in February 1975. In the 1975-76 school year, 387 cases were reported.

Additionally, the team evaluations resulted in identifying children with learning problems. In the 1975-76 school year 91 children, or 24% of all confirmed reports of abused or neglected children, were identified as having special education needs. As a result of this district's efforts, many more children and families were referred for family treatment, and more children were referred for special kinds of educational services.

The result was more children and families referred for family treatment and more children referred for special services.

THE FAMILY CENTER PROJECT, SCHOOL REFERRAL PROGRAM

One target for the Family Center Project was the county's school systems.

□ In May 1974, the Family Center Project was funded by the Office of Child Development and Social and Rehabilitation Services of the US Department of Health, Education, and Welfare. This project was awarded to the Adams County Department of Social Services in Colorado to establish 15 direct and indirect service programs for abused children and their families.

The Family Center Project identified the county's school systems as its first area of intervention for increasing the number of child abuse reports. In the 1973-74 academic year, only 11 reports had been filed by the six school districts in the county, although 45 school age children had been reported through other sources. The Family Center thus initiated a school referral program in the six county school districts with the cooperation of the school boards, superintendents, directors of special services, social workers, nurses, and, most importantly, the teachers.

Resistance toward the program first had to be resolved.

The resistances related to establishing such a program first had to be resolved. Some school personnel had been reluctant to report their suspicions of abuse and neglect, and their reluctance was multifaceted. Many feared lawsuits by parents. Although the state reporting law gave immunity and protection to the referring person, many school personnel were not aware of this clause in the law.

Many feared lawsuits.

Principals were concerned about community and parental relations.

Another reason for resistance was that principals allegedly prohibited reports from being filed because they were concerned about community and parental anger directed toward the school. This issue was resolved when principals began to recognize that the community was sincerely concerned about protecting children and supported the active participation of the local school. Additionally, identifying the nurse or the school social worker as the referring person in each building often relieved the principal from dealing directly with the potentially angry and hostile parents. The principal could then assume a role of supportive involvement with the parents, as did the classroom teacher. The experience of the Family Center worker initially contacting the parents assisted in the increase of reporting as well, and school personnel became more willing to report.

PROCEDURES IN A MODEL PROGRAM

Principals and directors of pupil personnel provided input.

□ Procedures were developed with input from the principals and directors of pupil personnel. These procedures were implemented in each school building in the six districts, with inservice training being provided for all faculty. In the first academic year, 98% of the principals and 78% of the teachers received training. The result after the first academic year was an increase of 300% or 44 cases reported. In the second academic year, referrals from the schools increased 153%, an additional 67 reports over the previous year. However, this represented only 47% of the school age children referred during the school year.

Liaison with each school district facilitated openness, understanding, and trust.

Each district had one staff person from the Family Center assigned to it during the school referral program. This staff person was visible and personally known in the district, which facilitated openness, understanding, and trust. This staff person worked with the district in designing the policy statement and procedure for the reporting of suspected child abuse and neglect cases. The procedure most often adopted included the following steps:

1. The teacher observes a child that he or she suspects to have been abused or neglected.
2. The teacher discusses the child with either the school nurse or social worker. (Each school building has a designated person responsible for reporting child abuse and neglect.)
3. The school nurse talks to the child and examines the child. The school nurses are specially trained by the Family Center nurse to identify and describe injuries.
4. The reporting person telephones the referral to the Family Center or social service department. All known history on the family is given, as well as a description of the injury and any available explanation.
5. The reporting person completes a state child abuse reporting form and notifies the principal immediately.

The Family Center staff worked closely with the school to protect the child and provide services to the family.

After the reporting form is completed, the social service agency assumes responsibility for investigating the referral and works closely with the school in the pursuit of protecting the child and offering services to the family. To accomplish this, the Family Center or social service social worker completes the following steps:

1. The social worker telephones the state central registry to determine if the family and/or child had been reported prior to this incident. Additionally, the worker checks to make sure the case is not an open or closed case at the department of social services, with a social worker already assigned.
2. The social worker goes to the school to discuss the referral with the reporting person, with the teacher, and often with the child.
3. The parents are telephoned and the social worker makes an appointment to meet with them regarding the injury to the child. In cases where the parents are not available, the child is detained at school or the worker and child meet the parents at their home at the end of the school day.
4. The social worker provides a complete evaluation on the family. The results of this evaluation are directly related to whether the child is placed out of the home.
5. The social worker provides his or her assessment, evaluation, and recommendation to the multidisciplinary review team. This is an interagency team in Adams County, which reviews all child abuse and neglect referrals on a weekly basis. The team provides either additional recommendations or suggestions to the worker. On occasion, the school reporting person attends these meetings to assist in the development of a case plan.
6. The social worker sends the school reporting person a letter stating the case plan and followup so that the school is aware of the plan.

AN ONGOING EFFORT

The social service system and the schools gained a mutual understanding of the pressures placed on them.

□ These are the basic procedural steps, all of which are dependent on open communication and trust. One valuable outcome of this effort was that trust and cooperation developed between the social service system and the schools. There appears to be a greater understanding between the two systems of the pressures that are placed on them. More importantly, there was a 300% increase in the number of cases reported in the first year and a 178% increase in the second year, 1975-76. Of the cases referred in 1975-76, 95% were confirmed reports. Children and families represented by these figures were given treatment services through the social services department and additional supportive efforts by school personnel.

Along with an increase in reporting came other benefits.

Other benefits have been derived from this cooperative effort on behalf of children. A peer counseling program has been developed, which trains high school students to provide inservice education on abuse and neglect for their class members. The Family Center staff also provides frequent inservice education for junior and senior high school classes at the request of classroom teachers; has assisted in writing grant proposals for the districts; and has provided group therapy for pregnancy programs in the high schools.

This school referral program has been highly successful, but to sustain and enhance it requires a continuing effort of mutual education and cooperation. As new Family Center staff and school personnel staff are employed, liaison relationships regarding the reporting process need to be developed and maintained. The responsibility for inservice training of school personnel will gradually be assumed by the school districts as they become more knowledgeable and more committed to the problems of abused and neglected children. As an example of this, one district designed an inservice training program for the 1977-78 academic year to be conducted by the district's school nurses on the reporting procedure and effects of child abuse and neglect.

Sustaining the program requires a continuing effort.

The two programs described are good examples of how systems concerned with the care and protection of children can work together to evolve more services for abused and neglected children.

Systems can work together to evolve more services for abused and neglected children.

what will it cost me if i report?

brian g. fraser

Key Ideas

- *Child abuse can be separated into three components, each contingent upon the one preceding it: identification, investigation, and intervention.*
- *For cases of child abuse and neglect to be identified, suspicions must be reported immediately to the designated agency. Failure to do so can result in civil and criminal liability.*
- *The mandated state agency investigates all injuries to the child, the relationship between child and parents, and the stability of the home environment.*
- *The formulation of a diagnosis, prognosis, and treatment plan is the function and responsibility of the mandated state agency, usually the department of social services.*
- *Intervention is classified as voluntary when parents agree to the treatment plan. It is involuntary when the treatment plan is implemented through the courts.*

THE CHILD ABUSE SYSTEM

It is imperative to learn how the child abuse system works in one's own state.

□ To understand potential liability in the field of child abuse, it is necessary to understand how the child abuse system works. A word of caution is, however, in order. Although there are similarities in all states, there are also major differences. It is imperative to know how the child abuse system works in *your* state. The easiest way to develop a thumbnail sketch of a state's child abuse system is to obtain a copy of the state's mandatory reporting statute (sometimes called a child abuse statute, a child protection act, or a child abuse mandatory reporting statute). A copy of these statutes (or synopsis of them) can be obtained from a local department of social services, the district attorney's office, the county attorney's office, the state attorney general's office, the local police department, or a local child abuse project, program, or agency.

Ignorance of what child abuse is, what a professional's responsibilities are, and how a child abuse system works is directly proportionate to a lack of interest and a lack of effort. A lack of interest and a lack of effort on the part of a professional is misfeasance. Misfeasance results in potential injury to the child, potential disintegration of the family, and, possibly, personal liability.

Lack of interest and effort on the part of a professional is misfeasance.

Schematically, child abuse can be separated into three components:

1. Identification.
2. Investigation.
3. Intervention.

Each component is contingent upon the component that immediately precedes it.

IDENTIFICATION

The mandatory reporting statute defines child abuse and specifies the who, what, and where of reporting in each state.

□ The basic vehicle for the identification of child abuse is the mandatory reporting statute. Every state has developed its own mandatory reporting statute. In effect, this means that the definition of child abuse, who must report, what agency is designated to investigate the report, and what immunities are offered will vary from state to state (Fraser, 1974).

Every state, through its reporting statute, singles out a profession, or a group of professions, and mandates that they report. In approximately 40 states, teachers are now required to report suspected cases of child abuse. The fact that a group of individuals has been singly identified and mandated to report does *not* preclude other persons from reporting. Every person, whether mandated or not, has an ethical obligation to report suspected cases of child abuse.

In approximately 40 states, teachers are required to report suspected cases of child abuse.

Although statutory language does vary from state to state, persons are uniformly required to report when they have "reasonable cause to believe that a child has been abused" or "reason to suspect that a child has been abused" (*fait accompli*). A few states to somewhat farther and require that circumstances and conditions that *might reasonably result* in child abuse be reported also. In any event, what must be reported is a suspicion. The reporter's responsibility is the making of the report. The reporter's obligation ceases at the point the report is made. It is impossible to develop any systematic rule that is equally applicable in deciding whether or not to report a suspected case of child abuse. However, a good rule of thumb to follow is: When there is doubt, resolve that doubt in favor of the child and report.

When there is doubt, resolve that doubt in favor of the child and report.

Every reporting statute identifies at least one statewide agency (in some cases, two or more agencies) to receive and investigate reports of suspected child abuse. That agency is usually the department of social services, the department of social and rehabilitative services, or the department of children and family services. For convenience, the term *department of social services* will henceforth be used to indicate the mandated agency.

INVESTIGATION

Most states simply require an oral report by telephone, although some also ask for a more formal written report.

□ Every state requires that a report of suspected child abuse be made immediately (or promptly, or without delay) to the department of social services. The vast majority of states simply require that an oral report be made by telephone. Some states, however, ask that the oral report be followed by a more formal written report. Information requested in the initial report usually includes:

- The name and address of the child suspected of being abused.
- The name and address of the child's caretakers.
- The name and address of the child's parents (not necessarily the same as the child's caretakers).
- The identified injury or injuries that led to the report.
- The name and address of the suspected perpetrator(s).
- The names and ages of all *other* children within the same home (if possible).
- Any other information that might be of interest.

The mandated agency is required to receive and investigate all reports of suspected child abuse, including anonymous ones.

All reporters should identify themselves.

It is important to note that every state requires the mandated agency to receive and investigate all reports of suspected child abuse. States do not distinguish between reports that are made anonymously and reports that have a name attached to them. Departments of social services, or their equivalent, cannot differentiate between reports. All reports must be given equal weight and equal attention. This is true whether the reporter remains anonymous or chooses to be identified. All reporters *should* identify themselves when making a report of suspected child abuse. Reports that include the reporter's name make the investigatory process somewhat easier and ensure that a record is made. This last point is particularly pertinent today. Persons who are mandated to report suspected cases of child abuse, but who choose not to do so, may be held civilly liable for damages to the child. This possibility will be discussed later in this chapter.

When a report of suspected child abuse is received by the department of social services, it will decide whether the department of social services is the appropriate agency to receive and review the report (If not, the report will be funneled to the appropriate agency); whether an immediate investigation is needed; and to which case worker the child abuse report should be referred for investigation.

Many states provide 24 hour a day intake service, and immediate action can be taken to protect the child.

This process is referred to as the intake process (Besharov, 1974). Today, many states provide 24 hour a day intake service. The intake service is connected to social workers in different counties around the state who, in some states, are on call 24 hours a day. If the intake worker believes that immediate action is necessary to provide protection for the child, he or she simply calls the case worker. The case worker will respond immediately, whether it is 4:00 p.m. or 4:00 a.m.

The case worker to whom the report of suspected child abuse has been referred must complete the investigation. If the case worker completes a proper investigation, he or she will create a moving picture of the child's life from the date of birth. Focusing solely on the reported injuries is not sufficient (Fraser, 1976).

Child abuse is not a single attack, a single act of neglect, or a single act of molestation. It is abusive behavior directed to the child over a period of time. The longer the abusive behavior continues, the more serious the damage to the child is likely to be. The proper investigation should focus on all harms to the child from the date of birth, the relationship of the child and the parents, and the stability of the home environment. It may be prudent to note, however, that the number of reports of suspected child abuse has risen dramatically over the past three years. During that time, the number of case workers who handle these cases has not risen accordingly. The result is an ever increasing number of cases assigned to a fixed number of case workers. The ultimate result is poor investigations.

The investigation should focus on any harm to the child since birth, the relationship of child and parents, and the home environment.

Classifying a child's injuries as child abuse under state law provides the option of using the courts.

If the investigation has been completed properly, the investigatory data should allow the case worker to determine:

1. If the child is currently in danger in the home.
2. If the child's injuries or the parents' behavior can be classified as child abuse under state law (diagnosis).
3. What the success of therapeutic intervention might be (prognosis).
4. What treatment should be offered to the child, to the parents, and to the family unit (treatment plan).

The first two points have a common element: danger to the child. The second point simply allows the department of social services, or its equivalent, to classify this case as child abuse under state law. The intrinsic value of classifying a child's injuries, or the parent's behavior, as child abuse under state law is to provide the department of social services with another option in the intervention process—use of the courts. The *need* for intervention, however, should pivot on the danger to a child's health or life.

The department of social services formulates the diagnosis, the prognosis, and the treatment plan, but it should not do so in a vacuum.

The determination that a child is in danger in the home environment, or that the child's injuries or the parents' behavior can be classified as child abuse under state law, is often referred to as the *diagnosis.* The possible success of therapeutic intervention is referred to as the *prognosis,* and the decision to offer and implement various treatment modalities for the child and parents is referred to as the *treatment plan.* It is important to remember that it is the function and the responsibility of the department of social services to formulate the formal diagnosis (both medical and legal), the prognosis, and the treatment plan. (Rather than using one case worker to make all of these decisions, a number of states have created child protection teams. See Schmitt, 1977; Fraser, 1975.)

The prognosis, of course, bears a direct relationship to the development of a treatment plan. If the prognosis is dismal, it is somewhat naive to develop and implement a treatment plan. If, however, there is a reasonably good chance that treatment will be successful, the development of the proper prognosis should indicate what treatment modalities are needed and how long that treatment should continue (Martin, 1976). The implementation of a treatment plan for the abused child and the parents may be characterized rather generally as intervention.

INTERVENTION

□ Intervention can in turn be divided into two components: voluntary intervention and involuntary intervention.

Voluntary intervention is used when parents are cooperative, injuries are not serious, there is no history of abuse, and the prognosis is favorable.

The majority of treatment plans are implemented by a voluntary agreement between the child's parents and the department of social services. Voluntary intervention is used when the parents are willing to work through their problems, the reported injuries to the child are not serious, there has not been a continual history of abuse, and the prognosis is favorable. When the home environment stabilizes and the danger to the child disappears, services offered through the department of social services will be slowly withdrawn by mutual consent.

In certain cases it is necessary to order and to monitor the delivery of treatment services to the abused child and the parents. Involuntary intervention is used when the parents are uncooperative, *or* the reported injuries are severe, *or* there has been a history of past abuse, *or* the prognosis is poor and foster care or a termination of parental rights is indicated. To invoke involuntary intervention, it is necessary to be able to classify the child's injuries or the parents' behavior as child abuse under state law. Involuntary intervention is the domain of the courts. Until a specific law has been broken or specific conditions met, the courts do not have jurisdiction to intervene. In cases of child abuse, jurisdiction is predicated upon the fact that the child's injuries or the parents' behavior can be classified as child abuse under state law.

Involuntary intervention is the domain of the court.

Involuntary intervention is invoked through the juvenile court (or, in some states, the family court, the children's court, or the district court with juvenile jurisdiction). The juvenile court is not a criminal court. Its purpose is to protect the child and provide treatment, not to punish. Speaking simply, the juvenile court process can be characterized as consisting of two separate yet interrelated hearings.

The first hearing is referred to as the *adjudicatory hearing.* There is only one issue to be resolved at the adjudicatory hearing: Can the child's injuries or the parents' behavior be classified as child abuse under state law? If the court cannot characterize the child's injuries or the parents' behavior as child abuse under state law, the court is said to lack jurisdiction. If the court lacks jurisdiction, all legal proceedings cease and the option of involuntary intervention is lost.

The adjudicatory hearing determines whether or not the child has been abused.

If the child's injuries or the parents' behavior can be classified as child abuse under state law, the juvenile court is said to retain jurisdiction and will order a second hearing. The second hearing is termed a *dispositional hearing.* There are only two issues to be resolved at the dispositional hearing: What treatment shall be mandated for the child? Who shall have custody of the child?

The dispositional hearing determines the child's treatment and who shall have custody.

The treatment modalities that can be offered to the child are limited only by the treatment modalities available within the community. In regard to custody, however, the court has only four options: (a) it can leave the child with his parents under court supervision; (b) it can place the child with relatives under court supervision; (c) it can place the child in foster care; or (d) it can permanently sever the parent-child relationship.

THE COST OF REPORTING

□ To understand the concept of cost in regard to reporting a suspected case of child abuse, it is necessary to understand how the child abuse system works. The child abuse system can be characterized as three processes: identification, investigation, and intervention. The issue of

cost in regard to a teacher can be discussed in terms of time involved and potential liability which follows a report of suspected child abuse.

The time involved in making a report of suspected child abuse is minimal.

The actual time involved in making a report of suspected child abuse is minimal, to say the least. This is true whether the state requires an oral report or a written report or both. Persons who are mandated to report suspected cases of child abuse are asked only to report suspicions. They are not asked to make an investigation, to evaluate the investigatory data, or to develop a diagnosis, a prognosis, or a treatment plan.

The teacher may receive a short visit from the case worker.

In all likelihood, the teacher who makes a report of suspected child abuse will be visited and interviewed by the case worker conducting the investigation. This meeting is short and at the reporter's convenience. The case worker is simply attempting to investigate all the facts and determine if the teacher has additional information that might be beneficial.

There is little chance that the teacher will be called to testify.

In cases of child abuse that involve involuntary intervention, the teacher might be asked to testify in a court of law. Unless the teacher actually saw the abuse take place, however, there is little chance that the teacher will be asked to participate. The testimony that might be presented by the teacher can be presented by the case worker or by a physician or nurse who examined the child following the report. If the teacher is called to testify, he or she will only participate in the adjudicatory hearing. The teacher's testimony would be relevant only to the issue of abuse, not to treatment or custody.

The other possible cost that might flow from the reporting of a suspected case of child abuse is *civil liability.* In a case of civil liability, as opposed to criminal liability, the defendant is viewed as having injured an individual rather than society, and the penalty is monetary compensation rather than imprisonment.

It can be argued that if a report of suspected child abuse is made and if that report proves to be erroneous, the reporter could be sued on the grounds of libel, slander, invasion of privacy, or defamation of character. For a suit to be successful, however, it would be necessary to show (a) that the report was indeed erroneous, and (b) that the person who made the report made it maliciously. Furthermore, every state has enacted into law a statute that provides civil and criminal immunity for persons mandated to report if they report in good faith. Good faith simply means that at the time the report was made the reporter honestly believed or suspected that the child had been abused. For all practical purposes, state law blocks a successful suit for libel, slander, invasion of privacy or defamation of character in regard to a report of suspected child abuse. There is only one condition precedent—good faith in making the report.

Every state provides civil and criminal immunity for mandated reporters who report in good faith.

THE COST OF NOT REPORTING

□ A question not usually asked by mandated reporters but one that should be is, What will it cost me if I don't report? The answer is twofold: It will cost self respect, and it may eventually result in civil and/or criminal liability.

Failure to report will result in loss of self respect and, possibly, in civil or criminal liability.

Child abuse is not an isolated attack, nor a single act of neglect, nor a single act of deprivation. It is a continual, ongoing behavior. Its effects are cumulative. The longer it continues, the more serious are the consequences. It is naive to believe that this incident is an isolated event. It is simplistic to believe that someone else will become suspicious and make the proper report.

A conscious decision not to report can ultimately prove to be exceedingly expensive. An individual who is mandated to report suspected cases of child abuse but consciously decides not to report can hypothetically be held civilly liable under the doctrine of *negligence per se.* A failure to report a specific case of child abuse by a mandated reporter can result in the assumption of liability for the damages to a child that *follow* a decision not to report.

The purpose of the mandatory reporting statute is to identify a child who may be in danger. The mandatory reporting statute provides for an investigation of the circumstances once a report is made. If the child is indeed in danger (abused), he or she will be identified as such at the conclusion of the investigation. Once a child is identified as being in danger, the protective mechanism of the state is triggered. The simple process of identification initiates the investigation, and the investigation determines whether or not intervention is necessary.

A person who is mandated to report but chooses not to do so prevents the protective mechanism of the state from being triggered. At the point that the mandated reporter decides not to report, he or she in effect guarantees the future safety of the child. Hypothetically, the reporter becomes responsible for future incidents of abuse. Hypothetically, that mandated reporter can be sued for the injuries to the child following the decision not to report. Successful suits have been filed against physicians, social workers, and police officers who saw a case of child abuse, who knew that they were obligated to report under the state law, but who chose not to do so (Kohlman, 1974).

A mandated reporter who fails to report may be held liable for subsequent damages to the child.

Finally, it should be noted that approximately two-thirds of the states have enacted statutes that make it a crime for mandated reporters not to report suspected cases of child abuse. The states that have enacted these statutes have classified them as misdemeanors.

In two-thirds of the states, it is a crime for mandated reporters not to report suspected cases of child abuse.

A failure to report a suspected case of child abuse when one is mandated to report can cost self respect. It can result in civil liability, and it can result in criminal liability.

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the consequences of neglected cases

donald f. kline

Key Ideas

- *High incidences of retardation, growth and neurological problems, and impaired emotional functioning are found among physically abused children.*
- *Reports indicate that abuse and neglect bear a relationship to social maladjustment and juvenile delinquency.*
- *Teachers have classified the behaviors of abused, neglected, and sexually exploited children as hostile, fearful, and unable to relate.*
- *Academic and personality deficits resulting from abuse and neglect tend to become more severe with the passage of time.*
- *Social and psychological problems continue long after the physical evidence of abuse or neglect has vanished.*

SEEKING THE CAUSE OF UNEXPLAINED HANDICAPS

□ At least 10% of the children with moderate to severe mental retardation can be accounted for as Down's syndrome cases. But what of the other cases where there is no known cause? Why are there so many children with specific learning disabilities? Why are there children with serious emotional problems or significant social maladjustments? If an organic reason for these problems cannot be identified, the search must lead elsewhere.

Child abuse was first identified by persons in the field of medicine who were interested in the unexplained, multiple long bone injuries of children. Today it is commonly understood among physicians that an injury must be consistent with the history given of it. When an injury is at variance with the history given of it, the possibility of physical abuse of the child must be considered.

Current studies tend to deal with environmental factors that prompt abusive behaviors.

The earliest studies in child abuse concentrated on the product of child abuse, that is, the child. Current studies tend to deal more with the social, economic, and other environmental factors that seem to prompt abusive behaviors on the part of parents and other caretakers.

We must return to the study of the child to find the causes of heretofore unexplained handicapping conditions.

As impressive as these studies are, I have come to the conclusion that we must return to the study of the child if the causes of heretofore unexplained handicapping conditions of childhood are to be found.

An extensive review of the literature from the fields of medicine, law, social work, education, and psychology reveals only a few reports of the sequelae, or aftereffects, of child abuse beyond the immediate physical effects of the injuries. Only seven published reports were found regarding the sequelae of abuse and neglect among 415 articles reviewed as a prelude to research efforts at Utah State University in Logan.

EARLY REPORTS OF SEQUELAE OF PHYSICAL ABUSE

Studies since the first report in 1962 indicate a high incidence of neurological damage, physical defects, emotional disturbance, and retardation.

□ The earliest report of the sequelae of physical abuse was made by Kempe in 1962 (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Kempe and his colleagues drew subjects from the records of 71 hospitals for a relatively large sample of 302 cases. Of the 302 cases examined, 85 had neurological damage and 33 of the subjects had died. In 1963, Elmer reported on 50 cases in which 4 were retarded, 2 had neurological damage, and 7 had physical defects. Again in 1967, Elmer and Gregg followed up 20 cases to find 10 were retarded and 8 had emotional disturbance.

In 1970, Morse reported on 21 cases drawn from hospital case records and found 9 with retardation and 6 with emotional disturbance. In the same year, Gil (1971) did a nationwide survey of 12,610 cases and found 1,639 who were retarded and 378 who never attended school. In 1972, Martin followed up 42 cases to find 14 retarded, 18 with neurological damage, and 16 with delayed speech. McRae, Ferguson, and Lederman followed in 1973 with 34 cases to find 12 with retardation, 3 with emotional disturbance, and 3 with neurological damage. And in 1974, Martin reported on a longitudinal followup of 58 children who were physically abused to find a high incidence of growth and neurological problems and impaired emotional functioning (Martin, Beezley, Conway, & Kempe, 1974).

CHILD ABUSE, NEGLECT, AND DELINQUENCY

Child abuse and neglect may be the variables that account for socially unacceptable behaviors.

□ Another group of concern to the special educator are socially maladjusted children. Not only are these children a problem in the school environment, but also they are frequently in difficulty with law enforcement agencies and the juvenile courts.

Once again, when no organic or other specific cause for these atypical behaviors can be found, the question must be asked, Why? Too frequently, great leaps of logic lead to the conclusion that the socially maladjusted child is the product of a deprived socioeconomic environment and/or a disrupted family. While this assumption may well be the case, it must be remembered that the large majority of children who come from deprived socioeconomic and disrupted family environments somehow manage to grow up without serious confrontations with juvenile authorities and the courts. The question then seems to be whether child abuse and neglect are the variables that account for socially unacceptable behaviors requiring intervention on the part of juvenile authorities and the courts.

At the present time I know of only four studies that have attempted to determine the relationships that seem to exist between juvenile delinquency and child abuse and neglect. The first is a published report by Silver (Silver, Dublin, & Lourie, 1969), who found that physical abuse may be a factor in juvenile delinquency. The other three reports are unpublished studies by Howell (1976), Steele (1975), and Clark (1976). All these reports indicate that abuse or neglect is associated with delinquency.

Howell found that about 50% of the abused and neglected children who came to the attention of juvenile authorities in Los Angeles subsequently had criminal records as adults. Steele interviewed 100 juvenile offenders in a detention facility and discovered that most had experienced an incident of physical abuse a week or two prior to the offense. Clark examined the records of children in the Utah State Industrial School and found that 68% of them had recorded histories of abuse and neglect.

Reports indicate that there is a relationship between abuse or neglect and delinquency and the type of injury and the type of crime committed.

Clark also attempted to determine the relationship between the type of injury and the type of crime committed. He wanted to know if the individual who had been physically abused tended to commit crimes against people—crimes of assault, armed robbery, rape, and the like—and if the individual who had been the victim of neglect tended to commit crimes against property—crimes such as shoplifting, vandalism, and auto theft. Unfortunately, the population studied was too small and the records were inadequate to provide data sufficiently convincing to draw tenable conclusions. His data tend to suggest, however, that such a relationship might exist. This is an area of research that cries out for further investigation.

In light of a substantial body of literature that suggests the exceptional child invites abuse and neglect (Friedrich & Boriskin, 1976), one must resist the temptation to conclude too quickly that child abuse and neglect are *the* cause of subsequent educational, psychological, or social adjustment problems. On the other hand, the growing body of data that clearly demonstrates such a relationship cannot be ignored.

EDUCATIONAL PROBLEMS

□ A study at Utah State University (Kline & Christiansen, 1975) of 138 children adjudged abused or neglected by the Utah Juvenile Court system revealed the following findings.

Nearly [illegible] of the children adjudged abused or neglected were subsequently enrolled in special education classes. Of the 138 children under consideration, 9 were in classes for the learning disabled, 22 were in classes for the emotionally disturbed, 8 were in classes for the educable mentally retarded, and 10 had been institutionalized. In the schools where these abused and neglected children were enrolled, only 8% of the children not identified as abused or neglected were in special classes.

Children adjudged abused or neglected are disproportionately represented in special education classes.

From the total population of abused and neglected subjects, 6.5% were found in classes for the learning disabled. Comparatively, only 4.9% of the students in the school districts under consideration who were not identified as abused or neglected were enrolled in classes for the learning disabled.

From the total population of abused and neglected subjects under consideration, 15.9% were in classes for the emotionally disturbed, even though the incidence data in the same school population showed that only 1.5% of the students should be found in such classes.

While it is expected that about 1% of the school population would be in classes for the educable mentally retarded, 4.3% of the abused and neglected subjects were found in these classes.

In addition to these major findings, 25% of the sexually abused children were found in classes for the emotionally disturbed. Of the 138 cases, two had been in mental hospitals for short term care and both were currently in classes for the emotionally disturbed. Two of the children were found at Boy's Ranch, a facility for the socially maladjusted. Eight of the children were in the mental hospital located at Provo, Utah, and four of this group had been sexually abused, three had been seriously neglected, and one had been the victim of serious physical abuse.

One-fourth of the sexually abused children studied were in classes for the emotionally disturbed.

PSYCHOLOGICAL PROBLEMS

□ A second part of the study was designed to determine whether abused and neglected children exhibit behaviors indicative of psychological problems. While it seems abundantly obvious that the emotionally disturbed children would be in this category, the study examined how teachers, social workers, and other school personnel viewed the behaviors of the entire group. Also of concern were the relationships that might exist between the type of abuse and subsequent psychological problems as manifested in the observed behaviors of the children.

By classifying the children into three groups according to the type of abuse or neglect they had experienced, the researchers were able to relate behavioral descriptors to the three categories, which were physical abuse, sexual abuse, and neglect. To the extent that behavioral descriptors are indicative of psychological problems, this provided an idea of these problems as viewed by teachers and child protective service workers.

Those children classified as having experienced sexual abuse were described as being hostile (46%),fearful (31%), having poor social relationships (23%), and shy, immature, withdrawn, or depressed (15%).

The behavioral descriptors of the neglected children were poor social relationships (22%), clinging behaviors (22%), destructive, absent from school, aggressive, or stealing behaviors (17%).

The children who had been physically abused were described as having poor social relationships (24%), having fearful behaviors (24%), exhibiting destructive and aggressive behaviors (21%), or having withdrawn behaviors (17%).

These percentages present some interesting questions for those who attempt to study the psychological problems of abused and neglected children. One of the problems that becomes immediately apparent is the lack of specific behavioral descriptors. For example, the words *hostile* and *aggressive* were used frequently in many of the same case records. There is no way of knowing *precisely* what the observer had in mind when using these terms to describe behaviors. There is one thing that is certain, however: Social and psychological problems continue long after the physical evidence of abuse, neglect, or sexual exploitation has vanished.

Social and psychological problems continue long after the physical evidence of abuse, neglect, or sexual exploitation has vanished.

Even though the language describing observed behaviors lacks precision, some traits do seem to be more closely associated with some injuries than with others. The word *hostile*, for example, was used to describe those children who had been sexually abused, but this descriptor of behavior was not present in any of the other injury categories.

The type of problem is related to the type of maltreatment; sexually abused children, for example, are more often described as hostile.

ACADEMIC ACHIEVEMENT

☐ Another concern of the study was to determine the impact of abuse and neglect on the academic achievement of the children involved. A look at the available achievement data for the subject group of abused, neglected, and sexually exploited children showed that 27 of 37 were below grade level in spelling; 30 of 41 were below grade level in math; and 18 of 24 were below grade level in reading.

Again, sexually abused youngsters showed greater deficiencies when achievement was analyzed by type of injury. Neglected children showed the least amount of academic deficit of the injury groups.

Two other studies have been completed recently and both substantially confirm the findings of the Utah study.

Maltreated children exhibit poor school achievement and below average IQ.

Oates (1976) did a followup study of 24 children with nonorganic "failure to thrive" syndrome. Among other things, he found that 50% of the children were described by their teachers as below average in IQ as measured by the Weschler Intelligence Test. The IQ of 25% of these children was less than 90, and 33% had a measured verbal IQ 20 points or more below their performance IQ. Oates speculated that this was probably a result of the understimulating and nonverbal environments from which the youngsters came.

Consistent with the results of the Utah State University study, Oates reported that 33% of his population had a reading age that was one year or more below grade level. Another 33% had a reading age that was two years below their expected reading level.

Another interesting parallel to the Utah study was a personality assessment form which the child's teacher completed. This assessment asked the teachers to group the children into personalities described as "normal" or "abnormal" and into subgroups described as predominantly "neurotic" or "antisocial."

The result of this exercise on the part of the teachers showed that 50% of the children were identified as "abnormal," and they broke just about evenly in terms of "antisocial" and "neurotic."

When comparing the results of the teachers' classification with that of the mothers' perceptions of their own children using the same personality scale, Oates discovered that 89% of the mothers perceived their children as "abnormal." When asked to identify the undesirable characteristics of their children, the mothers listed temper tantrums, lying, nervousness, bedwetting, overactivity, stealing, and other attention seeking behaviors.

It should also be noted that 20% of the mothers of these nonorganic failure to thrive children were described as having made suicide attempts, and 20% had abnormal profiles on the Minnesota Multiphasic Personality Inventory. Some (the exact number is not reported) were being treated for depression, and 50% described themselves as "nervous" or "depressed."

It is easy to predict the nature of the family environments that surrounded the children in Oates' study. The families were highly mobile, lived in rented homes, and had fathers who were either absent or had little interest in children.

Another study that looked at the academic achievement of abused and neglected children as a part of a much larger undertaking was recently completed by James T. Kent (1976), who did a followup study of about 500 abused, neglected, and sexually exploited children. Poor school achievement, emotional withdrawal, poor peer relationships, and aggression toward adults and peers were also evident in his population.

THE COST OF CHILD ABUSE

☐ What will it cost the child if I don't report? There is no need to torture the data for a confession. Child abuse is characterized by a number of abusive or neglectful incidents over a period of time, which become collectively more severe the longer the abusive or neglectful behaviors continue. It becomes readily apparent, therefore, that all of society's resources and especially all of the school's resources ought to be used to identify and report any suspected case of abuse or neglect or any apparent inflicted injury to a child. Identification and reporting should be done at the earliest possible moment, not only to protect the child from further injury, but also to avoid academic and personality deficits that become greater with the passage of time.

Identification must occur early to avoid increasing academic and personality deficits.

What will it cost the child if I don't report? The costs to the child are great. The costs include, among other things, poor academic achievement and atypical personal and social behaviors that may ultimately lead to delinquency or criminal acts for which society demands retribution. The costs may be irreparable neurological damage, severe physical handicaps, delayed language, or speech impairments, and certainly there is a strong possibility of lowered intellect as measured by intelligence tests.

Costs to the child may include irreparable neurological, physical, mental, or emotional damage.

If a direct cause-effect relationship cannot be established between child abuse, neglect, and sexual maltreatment of children and the handicapping conditions enumerated here on the basis of existing data, the coexistence of these problems can be established. And there is no question about the economics of the matter. In Utah, for example, it costs in excess of $14,000 per child per year for institutional care, and it costs 2½ to 7 times as much to provide special education as it does to provide regular educational programs.

The financial cost is substantial.

The true costs, however, are not always immediately visible, but they are very real nonetheless. The real cost is in the waste. The abuse and neglect of children rob the victims of a chance to share the social, economic, and personal benefits of our society and cripple the society itself.

Abuse and neglect deprive the victims of the benefits of society and cripple the society itself.

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what will it cost the child if i don't report?

frederick c. green

Key Ideas

- *The cost to the child of not reporting is directly linked to the accuracy of the identifier's perception of what is or is not child abuse.*
- *The cost of not reporting is also in direct correlation to what constitutes the legitimate rights and limitations of parents in the use of corporal punishment as a disciplinary modality.*
- *Unreported maltreatment can mean unattended physical injuries, resulting in scars, defective vision, loss of hearing, misshapen extremities, and urinary tract infections.*
- *Failure to report child abuse and neglect can result in irreversible developmental damage and academic delays.*
- *Authentic cases that remain unreported frequently involve heavy socioemotional costs, as a brutalized child grows into a delinquent teenager and an abusive parent.*

DETERMINING THE COST

A lifetime of physical or mental disability is a substantial risk.

☐ There should be no misunderstanding that the short and long term consequences to the truly maltreated child whose trauma has gone unreported are devastating. Not only is the ultimate price of loss of life a statistically significant probability, but a lifetime of physical or mental disability, often to a degree requiring long term institutionalization, is a substantial risk.

Further, the long term consequences to those victims who may mature and have families of their own are usually a stormy and chaotic marital life, a parenting role devoid of the pleasures and joys such an experience should bring, and most seriously, a perpetuation into the next generation of a totally distorted perception of an appropriate parenting role.

The cost to the child is linked to the accuracy of the identifier's perception of what child abuse is.

However, the answer to the question posed in the title of this chapter is not quite so simple. The cost to the child of not reporting is clearly linked to the accuracy of the identifier's perception of what is or is not child abuse; that is, the legitimate rights and limitations of parents in the use of corporal punishment as a disciplinary modality. Obviously, these factors entail such subjective judgment that ambiguity is not unexpected.

FACTORS AFFECTING IDENTIFICATION

☐ There are a number of factors that bear on the proper identification of children at risk for maltreatment. Some of the more important of these factors, as suggested by Nagi (1976), are:

1. The size of the community.
2. The presence or absence of a multidisciplinary Child Abuse and Neglect (CAN) Team in the community.
3. The degree of awareness of this syndrome in the community in general and of the care providers specifically.
4. The presence of a socioeconomic and/or cultural gap between the providers and the recipients of care.

The size of the community and the presence of a CAN Team correlate with the ratio of cases reported.

The nationwide survey conducted by Nagi inferred a direct linear correlation between the ratio of cases reported in a community and its size, as well as the presence of a multidisciplinary CAN Team providing care. Further, he noted an interesting difference in the perception of what is considered abusive behavior by different professional team members. Although 20% of protective service workers considered available criteria for identification specific and clear, only 5% of physicians agreed with this assessment. Thus, early intrateam conflict and abrasiveness should not be unexpected. However, as more experience is gained and larger numbers of cases are cared for, there is greater security in the available criteria.

Professionals differ in what they consider abusive behavior.

The problems of valid identification do not lie at the polar extremes of a continuum that has child abandonment as the ultimate neglect and infanticide as the ultimate abuse. Rather, the problems lie in the larger middle area comprising varying degrees of physical abuse and inattention to the nurturing needs of children.

As a community becomes more aware of child abuse, more resources will be targeted toward its prevention.

The more attuned a community is to the existence and pervasiveness of this syndrome, the more resources will be targeted toward its prevention, identification, and management. Further, enhanced community awareness will catalyze providers of care to develop a greater understanding of the myriad etiologic and management aspects of the child abuse and neglect syndrome, thereby providing a better prognosis for these highly vulnerable children.

It is more difficult to report a social peer than a member of a different ethnic, cultural, or socioeconomic group.

The presence or absence of a socioeconomic and/or cultural gap between the provider and the recipient of care is a critical determinant for the degree of aggressiveness with which the provider identifies and reports suspicion of maltreatment. The degree to which the identifier has rapport with the child and family being served thus becomes critical. The physician, teacher, or social worker finds it is far more difficult to suspect, let alone report, a social peer than it is to report a member of a different ethnic, cultural, or socioeconomic group, even though the circumstances surrounding the injury may be the same. Practically, this becomes most striking in predominantly Black, low income, urban areas served by public health clinics staffed mainly with relatively affluent White professionals.

INCIDENCE DATA

At the present time, incidence data are anecdotal and primitive, at best.

☐ A realistic assessment of the short and long term prognosis of abused and neglected children is ultimately dependent upon the accuracy of the incidence data. At the present time, such data can be described as anecdotal and primitive, at best.

Estimates of abused children range from 60,000 to 4 million, depending on the author cited.

Cohen and Sussman (1976) gave estimates of the number of maltreated children reported or existing in the United States. The estimates ranged from 60,000 to 4 million incidents per year, depending on the author being cited. Similarly, there are major differences in the estimates of mortality due to maltreatment. The National Center for Child

Abuse and Neglect (1976) report on American Humane Association data noted that approximately 2,000 children per year die from maltreatment.

The International Classification of Disease (ICD) and the National Vital Statistics on Childhood Mortality by Age are the prime sources of present morbidity and mortality data. Unfortunately, child abuse is not a defined category in the ICD; however, the categories of "accidents" and "homicides" in the 1974 National Vital Statistics on Childhood Mortality by Age shown in Table 1 provide some hint of the magnitude of the problem. Unfortunately, the data for 15-18 year olds have not been separately categorized; however, considering the 12,372 deaths of children under the age of 14 due to accidents, it is possible that a significant percentage of these deaths are in fact intentional killings by caregivers.

The New York experience as reported by Lash and Sigal (1976) exemplifies the nationwide increased awareness of this syndrome. They reported that in 1964 there were 274 reported cases compared to the 3,086 cases reported in 1974. An example of the age distribution is shown in Table 2.

Table 1
Number of Accidental and Nonaccidental Deaths by Age Group

Age in years	*Cause of death*	
	Accident	*Homicide*
Under 1	1,453	166
1-4	3,882	296
5-14	7,037	399
15-24	5,577	

Note. These 1974 statistics are from the Department of Health, Education, and Welfare, National Center for Health Statistics, Vital Statistics Division, Mortality Statistics Branch.

Table 2
Reported Cases of Child Abuse by Age Group

Age in years	Number of cases
Under 1	693
1-4	817
5-9	761
10 and over	767
No age information available	48
Total	3,086

Note: From *State of the Child in New York City* by T.W. Lash and H. Sigal. New York: Foundation for Child Development, 1976.

The distribution of reported cases of child abuse and neglect demonstrates that the majority (61%) of these vulnerable children were under the age of 5 years; however, it should be remembered that 39% of these children were in the school age group. This fact emphasizes the responsibility of teachers to be familiar with all facets of this problem.

Lash's data further demonstrate a striking increase in the number of child killings in New York City during the past decade. In 1963, 1.5% (17 cases) of all child deaths were classified as murders. Ten years later in 1973, 6.3% (57 cases) of child deaths were so classified. According to Fontana (1976), the rate of child killing continues to rise.

The rate of child killing continues to rise.

The costs to the child for failing to report authentic maltreatment may be divided into physical, developmental, and socioeconomic consequences.

PHYSICAL COSTS

☐ Unattended physical injuries may have devastating physical, mental, and cosmetic consequences. Unnecessary and preventable complications may include the scarring that results from improperly cared for burns, particularly on the face or extremities; the misshapened or shortened extremities that are the end result of unattended fractures and epiphyseal injuries; and the neurologic deficits that accrue from repeated, unattended head injuries. Similarly, unattended illnesses such as diabetes or skin, ear, and urinary tract infections may have disabling if not fatal outcomes.

Unattended physical injuries and illnesses may have devastating physical, mental, and cosmetic consequences.

Deplorably, substantial numbers of children now enter the educational system with uncorrected but correctable physical defects such as poor vision and hearing, thereby seriously jeopardizing their academic progress. The responsibility for this unfortunate situation rests not only with the child's caregivers and health care providers, but also, to a major degree, with a system that places a major priority on health care that is episodic, therapeutically oriented rather than preventive, and inaccessible to many who are in greatest need.

That many children enter school with uncorrected physical defects is due largely to the nature of the health care system.

Obviously of key importance is the necessity of people to receive the services they need. If all children were the recipients of periodic, systematic health assessment, there would probably be little need for special legislation to assure the identification of a specific health hazard. However, since ongoing health monitoring is the exception rather than the rule for the majority of children at highest risk, then it would seem plausible that the health system should make an effort to reach out aggressively to bring these children and their families into the existing health system. Outreach workers attached to health clinics and hospitals have been used effectively for this purpose in other countries as well as in special comprehensive health care programs in the United States. The concept of neighborhood health aides is an idea that is ripe for implementation.

Ongoing health monitoring is the exception for the majority of high risk children.

The health system should reach out aggressively to bring these children and their families into the existing health system.

DEVELOPMENTAL COSTS

☐ When parental nurturing of children becomes so distorted that overt or covert maltreatment is perceived as being acceptable, and when children are allowed to remain unreported in this unwholesome milieu, then reversible and/or irreversible developmental delays and damage are predictable. Persistent infantilism or developmental regression characterized by failures in social, language and motor development may require long term intervention and, at worst, long term institutionalization.

The failure of parents to interact with their children as human beings is as developmentally damaging as overt brutality.

The simple failure of parents to talk or read to children, to play with them, or to treat them as human beings with feelings rather than as possessions is as developmentally damaging as overt brutality. Is it any wonder that children so victimized may suffer academic delays? In fact, academic delays, without other reasonable causes, should make one at least consider some disturbed family situation or maltreatment.

Care must be used in applying the label abusive, *since symptoms of neglect may result from societal rather than parental failure.*

However, it should never be forgotten that hungry, ill clothed, and ill housed children are seriously handicapped in achieving academically. All too often this comes about not by parental failure, but by societal failure. That is why great care should be exercised in applying the label *abusive* to a parent without having knowledge of all facts.

SOCIOEMOTIONAL COSTS

Child abuse and neglect are cyclic; maltreated and brutalized children become abusive and brutalizing parents.

□ The term *cyclic* is used to describe the nature of the syndrome of child abuse and neglect. It simply means that individuals who are maltreated and brutalized as children will grow to become abusive and brutalizing parents. In the interim, as children evolve into this kind of parent, it is not unusual for them to be hostile, suspicious of all adults and even their peers, isolated, and hindered in establishing a warm relationship with anyone. As they lash out, as their behavior becomes more

and more socially unacceptable, society may finally react by labeling them as delinquent and criminal. The sanctioned process of reinforcing antisocial behavior begins by segregating them in institutions with other sociopaths without any reasonable attempt at rehabilitation.

When abused children lash out, society may react by labeling them as delinquent and criminal.

The most devastating of all costs occurs if they become parents and in turn maltreat their own children; they become vehicles of perpetuating such pathology into future generations.

The most devastating cost is the perpetuation of pathology into future generations.

RESPONSIBILITY OF EDUCATORS

□ The physical, developmental, and socioemotional costs of failing to report a child who is intentionally maltreated by parents or surrogate parents are of such magnitude that failure to report is intolerable. Due to the prevalence of this syndrome in the school age population, educators along with health professionals bear a heavy responsibility in assuring the earliest possible identification of these vulnerable children.

The costs of failing to report are of such magnitude as to be intolerable.

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program development in child abuse

dan w. davis

Key Ideas

- *The agency designated to provide protective services needs a clear definition of the scope of its intervention in order to protect children as well as preserve family integrity.*
- *A state has the right to intervene coercively in families' lives when it can offer a better alternative to life threatening conditions.*
- *When abuse is the result of maladjustment to stress or cultural discrimination, the right to coercively intervene depends to a greater extent on the interface between services and families' prerogatives.*
- *Services that ignore the family context of children's lives can have detrimental effects on children.*
- *Factors influencing the lives of abusing families include the forces of individual characteristics, institutional policies, and societal trends.*

THE TREND TOWARD REGIONALISM

The proliferation of special districts and service groupings has resulted in the creation of regional administrative structures.

□ Recent studies of governmental structures have pointed toward regionalism as a clear trend (Davis & Humberger, 1977). There are various ways of defining a region, including geography, economic area, service districts, and cultural attachments. More recently, these trends have been defined administratively, thereby grouping some of the above seemingly separate components. One example of administrative collection is the Council of Governments (COG). COG's are structural mechanisms that have been created because of the proliferation of special districts and service groupings. For example, in 1952 in the United States there were about 12,000 special districts. In 1972, there were approximately 25,000. While COG's have gained momentum in mechanical service, their trend toward expanding human services has been cautious. This is partly because human services generate special interest groups and, by nature, more conflict. COG's have tended to use the least common denominator of conflict in promoting programs. Because child abuse is socially aberrant, and because procedures for identification and treatment are varied, controversial, and contain some costly components, child abuse programs have not received stringent financial support.

Programs such as child abuse are less likely to receive support from regional governments.

Since child abuse does not have a strong constituency represented on a typical COG, it is important that deliberate effort be given to the importance and appropriateness of child abuse within the human service domain considered by Councils of Governments.

DEFINING THE SCOPE OF PROTECTIVE SERVICES

The scope and limitations of the designated protective services agency must be defined.

When abuse is life threatening, the state has a right to coercively intervene.

□ Since child abuse is likely to receive less consideration because of its social dysfunctional image, it is important that the designated agency for protective services be given deliberate recognition to undertake its job. It is important to define the limitations of the designated agency. One way of construing the scope of its work is to think in terms of the state's right to coercively or noncoercively intervene in families' lives. The rule of thumb is that states have a right to intervene coercively into families' lives when there is a combination of life threatening conditions and a child rearing alternative offered by the state that is preferable to the child's present living condition.

There are two other levels of child abuse that are clearly more questionable and require careful judgment before intervention is coercively made. In fact, one could question the "right" of the state to intervene under these conditions.

In the second level of child abuse, a cultural maladaptation to stress by families presents them with a combination of personal limitations, setting constraints, and stressful events that precludes their ability to take more initiative and to gain better control over their lives. This adaptive stress style can result in child abuse and requires intervention in order to change the network of family relations to provide better child rearing practices. Typically, there are strengths within families under these conditions that surpass, in quality, alternatives offered by the state. It is a balanced judgment as to the appropriate mix between intervention and family integrity. The right to coercively intervene in these families is questionable and therefore depends on the interface between services and families' prerogatives and desires.

When abuse results from a family's maladaptation to stress, coercive intervention is questionable.

The third level of conditions that can result in child abuse involves cultural discriminations against children, regardless of race, income, or other factors. The rights of children to enhance their lives and ensure protection is jeopardized by the very status they have within society. This can result in children abused, not only in their primary living setting, but also by institutions and policies that affect children's lives. Intervention at this level clearly requires the cooperation of families and institutions to bring about a better quality of life.

When cultural discriminations against children lead to abuse, intervention requires family cooperation.

These three levels of child abuse are illustrated to indicate the levels of responsibility for children, as well as the limitations that are a function of constraints within societal and family settings. The agency designated to provide protective services for children needs clearer definition to prescribe the scope of intervention in families' lives in order to both ensure protection of children and preserve and enhance family integrity. Without this explication, there is danger of diminishing the ability of agencies to protect children or of having those agencies more inclusive in the scope of their intervention than is appropriate and helpful.

The degree of intervention must correspond to the nature of the abuse.

CHILD ABUSE IN THE CONTEXT OF CHILDREN'S SERVICES

□ Since child abuse is a barometer of stress in families' lives, should the designated agency for protective services be a generic part of children's services? Taking the three levels of child abuse described in the previous section, a strong argument can be made that the life threatening form of child abuse should receive special and separate recognition from generic children's services. The rationale for this is that if life threatening child abuse is included in the other two levels of child maltreatment, there is a danger that those children who are in life threatening circumstances might not receive the special intervention that is needed in order to preserve, and ultimately enhance, their lives. Similarly, children in life threatening circumstances need quick and, if necessary, coercive intervention to protect their safety. This means that the designated agency needs a clear focus to identify and to assess children's lives that may be threatened. If the other two levels of child abuse that are not life threatening were included as the designated agency's responsibility, there is the risk that those children in life threatening circumstances might not receive prompt enough intervention.

Responsibility for intervention at the life threatening level should be separate from intervention at other levels of maltreatment.

The designated agency is the vehicle through which all suspected child abuse cases are funneled. That agency therefore needs to have direct access to other children's services in order to make available programs that can be responsive to family life stress for the adaptive stress and cultural discrimination forms of child abuse. It is these latter two forms of child abuse that argue for the designated agency to have access to generic children's services.

Effective intervention requires responsiveness to the context of children's lives.

The context of children's lives must be appreciated for good quality intervention at the non-life-threatening levels of child abuse. Children's services must be responsive to the context of children's primary strengths in their living setting in order to intervene effectively to enhance families' lives. This requires close cooperation between the designated agency, other children's services, and the particular family needing assistance.

EFFECTS OF INTERVENTION

□ There is accumulating evidence that direct services that ignore the context of children's lives have detrimental effects on children (Schaefer, 1976). Studies ranging from effects of day care on children's lives to effects of medical care conclude that, with few exceptions, services ignoring the context of children's lives are much inferior to the same types of services offered in the context of those children's lives. The usurping effects on the primary influences in the child's life most directly involve parental influences. Namely, direct care and intervention in children's lives usurp or are detrimental to parental influences. Furthermore, the effects are less beneficial than if the same intervention included the primary influences on the child's life, usually the family. If the child's life is negatively affected by direct intervention, then intervention that alters family patterns is also likely to be detrimental if it ignores the context of the family. This is expecially important for child abuse since intervention at the life threatening level, while appropriate, can destroy primary strengths as well as assist with eliminating weaknesses. Intervention at the other two levels of child abuse —adaptive stress and cultural discrimination—is even more vulnerable since strengths are included in the child's life and these may be decreased.

Direct intervention that does not include the family can be detrimental.

Improper intervention may destroy family strengths.

One type of context to consider in illustrating these comments is the interactive effects of children's developmental stages with those of adult developmental stages. Just as children change from one developmental stage to another, research (Levinson, 1974) and popular writings (Sheehy, 1976) point to adult developmental stages. The interaction between children's developmental stages and those of their adult caretakers may be a part of the ingredients that result in child abuse. For example, adults in their thirties tend to coalesce different aspects of their lives in a settling down period, while adolescents are in a period of exploration and tentative steps toward independence. These forces, while complementary and potentially enhancing, can be sources of severe friction and may have possible child abuse consequences.

Services must be arranged in an array that recognizes the context of people's lives to build upon strengths rather than destroy them. Simultaneously, weaknesses can be identified and decreased in the context of building upon strengths. The arrangement of services to recognize the context of families' lives in stressful periods must take the form of interdisciplinary and multiagency coordination. This requires more than the various skills of disciplines and must include organizational arrange-

ments that are coordinated in a fashion that responds to what families are able to receive and to participate in.

FACTORS AFFECTING FAMILIES' LIVES

□ The preceding section gave one example of individual characteristics affecting families' lives that can contribute to child abuse. Other individual characteristics are well known through the writings of Helfer (1976), who discussed the combination of adult characteristics, setting stresses, and child characteristics that can lead to abuse. Personality traits of abusing parents that contribute to child abuse problems at an individual level have been given considerable attention.

Beyond the individual level of factors contributing to child abuse, there are two additional levels: institutional and societal. These levels of contributing factors have been considered by such authors as Gil (1970). The purpose of describing these levels is to suggest the type of intervention in families' lives that is productive. Since institutional policies and practices are out of the direct control of individuals, factors contributing to child abuse at the institutional level must be addressed predominately at that level. Namely, to intervene at the individual family level when the primary contributing factors are institutional policies and practices is to again usurp the strengths of families' lives without addressing the predominant factors affecting them. Some examples of institutional policies that affect family patterns are employment patterns, family members on different shifts in industry, and, more generally, children's ability to protect their welfare in schools, hospitals, streets, and fields.

In addition to individual characteristics, factors at the institutional and societal levels affect the family and may contribute to abuse.

Regarding the societal level of factors affecting families' lives and contributing to child abuse, Woodward (1975) quoted Bronfenbrenner: "In recent decades, a number of developments . . . have conspired to isolate the family and to reduce drastically the number of relatives, neighbors and other caring adults who used to share in the socialization of American children" (p. 50). According to Woodward, the most significant forces include "occupational mobility, the breakdown of neighborhoods, the separation of residential from business areas, consolidated school districts, separate patterns of social life for different age groups and the delegation of child care to outside institutions" (p. 50). These societal trends must be considered, as they directly contribute to child abuse. To intervene at an individual or family level when societal forces account for the predominant stresses in the family's life is, at best, inadequate.

It is inadequate to intervene at the individual or family level when societal forces are responsible for family stress.

PRINCIPLES OF PROGRAM DEVELOPMENT

A central question is how to mount programs that appreciate the complexities of family stress and factors affecting abuse.

□ Recognizing the richness of program mixtures needed to properly address stresses in families' lives and the different levels of child abuse factors and severities, a central question is how to mount programs that appreciate these complexities.

As an analogy, it may be useful to observe how innovations occur in general. "Innovation waves" in agriculture and education have been studied extensively (House, 1972) and suggest important principles. These include key individuals who begin innovations and who are connected in an informal network of communication, not unlike the Invisible College upon which this book is based. These persons start innovations in the context of resources that give them the latitude to attempt new programs. They talk among themselves about various strategies and use one another for information and recommendations.

Innovations are begun by key individuals connected in an informal network of communication.

Others adapt innovations to meet their needs.

Programs are begun in geographically separate places but are connected by this informal network of communication. Others, because of pressing needs such as economic and/or external pressures, begin observing the effectiveness of these programs and adapt them to their resources. The innovators who begin programs and communicate among themselves often are not the persons who solidify and institutionalize those programs on an ongoing operational basis. Also, the original innovation and what is adapted from it may differ significantly. This is one reason that standards are often developed to make the programs uniform, both in quality and procedures.

Several principles of community organization in program development can be gleaned from these community organization principles. While the trend toward regionalism as a structural procedure is dominant in human as well as mechanical services, the people occupying the positions ultimately make the difference in how programs are developed. Procedures can never be separated from participants when it comes to control of programs.

Central issues affecting relevant groups must be identified.

One vital ingredient for program development is the identification of central issues that affect the relevant groups. Once central issues are identified, a neutral group is needed as the central focus for liaison with different constituencies. It is this central group that coordinates and has primary power over the program and its development. This neutral group—meaning that it has integrity of its own without ownership by any one constituency—has access to expertise in program content and program development for areas being considered. In addition, this group must be supported by a staff that can do the basic work for the group. The central ingredient, however, is for the neutral group to have access to various constituencies and to be respected as a forum where issues can be considered and programs can be recommended and/or developed. The neutral group also assumes the responsibility for continued monitoring of programs so that their institutionalization and quality are given some assurance.

A neutral group with access to various constituencies provides liaison, coordination, and program monitoring.

ESTABLISHING PRIORITIES

A procedure that identifies issues and priorities of various groups provides the basis for program definition.

☐ The following example of a procedure for identifying issues and developing priorities is suggested as one model for beginning program definition. The outline of the procedure is adapted from Van de Ven and Delbecq (1972).

1. With groups of five to eight participants, hand out an 8½ x 11 inch sheet of paper containing a clear statement of the issues (often specified in terms of barriers) pertinent to that particular group.
2. Request each person to individually make a list of responses to the issues presented on the sheet of paper. Request no talking. Let the participants know that their list will be shared with the others.
3. The recorder (person conducting the procedure) lists on a flip chart each person's responses, one item at a time per person, until all items from everyone's list have been recorded. Allow duplication; avoid discussion and justifications. Number each item.
4. The recorder reads each item for clarification and understanding. Items should not be eliminated. Duplications may be grouped and treated as one item.
5. The recorder hands out five 3 x 5 inch cards to each participant. Have each person select and write, by name and item number, the

five most important items, listing one item on each card. Items are ranked from 1 (least important) to 5 (most important).

6. The recorder prepares a tally sheet on the flip chart, as shown in Figure 1.

Figure 1
Sample Tally Sheet from an Exercise in Priority Setting

Item number	Ranks assigned	Sum of ranks	Weighted sum	Priority
2	2, 1	3	6	3
14	3, 4, 1	8	24	2
7	5, 5, 4	14	42	1
18	2	2	2	4

7. The recorder asks for the item number (column 1 of Figure 1) and its rank (column 2) from each participant, round robin, one item at a time starting with the most important item, until each participant's list of five has been recorded.
8. The recorder sums the ranks (column 3) and multiplies that sum by the number of persons giving that item a rank (column 4). The highest weighted sum is the top priority, the next highest sum the second, and so forth (column 5).

This procedure assumes that various groups have different information on the central issue. The procedure can be applied to these various groups, and the outcomes of those priorities can be considered side by side. This gives the neutral group a base of information from which to coalesce different priorities from various constituencies.

PROGRAMS IN A STATEWIDE NETWORK

Statewide programs centralize protocol development, training, quality control, and support services.

☐ Programs existing at various levels can be used to illustrate the principles and trends described in this chapter. Programs that operate at the network level include a statewide effort that has a central mechanism for development of protocols, training, quality control, and support to service providers in the programs. Although the effort is statewide, it is based on local constituencies.

The Child Medical Evaluation Program for children suspected of being abused and neglected is an example of a program at the network level. In North Carolina, the Office of the Chief Medical Examiner has recruited over 100 pediatricians and some general practitioners on a contractual basis using Title XX funds. These physicians agree to perform medical evaluations and to give their results in a case conference. Children who are suspected of being abused or neglected and in need of a medical evaluation can be referred by the local county department of social services to a contract physician for medical evaluation and a subsequent case conference to plan programs for the child and family. The physician is an impartial evaluator, who is typically not the treating physician for the child. This impartial stance gives total focus to the

child's best interests, unaffected by organizational or personal ties to the child and family. In addition, these physicians are trained in the areas of medical evaluation of abused and neglected children, court testimony should that be necessary, and the dynamics of abuse and neglect to appreciate the context of families' lives.

A critical ingredient in this program is the inclusion of an additional discipline in services for abused and neglected children. While these physicians are not employees of any agency, they are paid for their services and render them impartially on behalf of the child in conjunction with other children's services to assist the child in stress. Training, protocol development, quality control, back-up support, and referrals are all critical ingredients for this program to be successful and have an effective impact on quality intervention.

A central group administers and develops the program.

Another example of a program at the network level involves the appointment of a guardian *ad litem* (for the suit or action) for all abused and neglected children who appear before the juvenile court on such a petition. The program uses the same model as the Child Medical Evaluation Program. Namely, a central group administers and develops the program, recruits attorneys to appear on behalf of the child in the court proceedings, and interfaces with other service agencies to provide programs for children.

REGIONAL PROGRAMS

□ Other programs that have an impact on abused or neglected children operate at the regional level. Examples include area health education centers, regional human resource and educational departments, and agricultural extension services. These three regional level programs provide health services, social services, education, and child development and homemaker skills. All of these programs are at a regional level, with local and state interface with their counterparts. They differ from the statewide network in that each region recognizes the peculiar organizational posture needed to best serve its area. The programs range from providing information on child abuse and neglect to direct services in the home that assist families on a personal basis. However, each of these regional programs has a back-up and interface with local and state efforts.

Regional programs interface with state and local efforts, but are tailored to best serve the needs of their area.

PROGRAMS AT THE LOCAL, FAMILY LEVEL

□ Programs also exist at the local level. One example is artificial extended families, which have been created to give a sense of community and personal closeness to families. Artificial extended families cut across age groups and family types. They are created to form a loose but dependable association of people and have one central theme: The individuals give permission to one another to ask for help from each other as well as to give help. It is the former statement that is the critical one for families. With societal mobility and disruption, to be able to ask others for help is increasingly precarious. Artificial extended families directly respond to this need and create a sense of community and personal membership that gives a place and ties to people for those occasions and experiences that often leave members of society feeling alone. For example, these families get together on Sundays, Easter, Saturday nights, or other occasions that are particularly sensitive for personal connections.

Local programs include artificial extended families, multifamily therapy groups, and visiting friends.

Multifamily therapy groups and/or gatherings are another example. These forums provide an opportunity for entire families to see how

other families function and to draw upon the richness of one another. They also directly respond to the feeling that each family has its own unique problems and is quite alone. The association with one another provides support and may lead to alterations in family network patterns that are conducive to stability and personal growth.

Another program might be entitled *visiting friends.* This is a one to one program that gives people access to one another for direct support on a personal basis. It is important that these visiting friends have a reciprocal relationship rather than a one way giving and one way receiving dynamic.

Another type of program, similar to visiting friends, provides an advocate who can assist vulnerable families as they need services from various organizations and agencies. This side by side appreciation of a vulnerable person by a more resourceful person assists both people in appreciating how both institutional practices and a person seeking services through those institutions can better be served.

The organization of these local programs varies from community to community, and the vehicle for getting them started varies accordingly. For example, in many rural areas, the church remains an important gathering place for families and individuals. Word of mouth through this mechanism is helpful in identifying needs of people as well as in encouraging people to organize, participate in, and serve in these programs. While television, radio, newspapers, and other popular forms of communication are important, word of mouth and the informal network of communication remain the most important vehicles for gaining entree and credibility with people on a personal and helping basis.

The organization of local programs and the vehicle for getting them started vary from community to community.

Word of mouth and informal communication are the best ways to reach people on a personal and helping basis.

□ This chapter has taken a brief look at the trends in regionalism, the different levels of child abuse and neglect, the importance of particular programs to respond to the sensitive aspects of families' lives, and an organizational procedure through which programs can be administered. The mixture of these factors must continually be considered in order to bring about quality programs, services that build on the strengths of families, and ultimately, development of children as persons in their own right.

Given the complexity and richness of various procedures and programs with individual families, it is critically important that persons developing and coordinating programs both give and receive recognition for their efforts. For too long, human service programs have neglected supporting one another in their efforts and evaluating the quality of their services.

THE NEED FOR COOPERATION BETWEEN SERVICE PROVIDERS

Quality programs depend on many factors, and the proper mixture must constantly be assessed.

Human service programs must support one another and evaluate the quality of their services.

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how do we get started?

philip e. fox

Key Ideas

- *America's largest single enterprise, the public school system, is universally accepted as a prime influence in the child's life.*
- *The school is in an ideal situation to transcend the territorial imperatives of various professions and agencies because it has the child as the superordinate goal.*
- *Schools can become involved in the identification, treatment, and prevention of child abuse and neglect through policies initiated and implemented by state boards of education, state departments of education, pupil personnel services, area education associations, local boards of education, and child protection teams.*
- *Professional and citizens groups that can be influential in effecting appropriate child abuse and neglect procedures include the state school administrator associations, school counselors, teacher organizations, parent-teacher associations, and state school board associations.*
- *Community education that encourages cooperation among local schools, welfare systems, and foster homes not only reduces some of the administrative and financial problems of each institution, but also gives the abused child greater support and assistance.*

EDUCATION'S POTENTIAL FOR ELIMINATING ABUSE

□ Before one gets started anywhere, it would seem prudent to have a general idea of where one is going and how one is going to get there. When we take a trip, it is almost reflexive to look at a map for the best and shortest roads. In winter, we do not think twice of calling the weatherperson. In short, when life affects us individually, we anticipate; we get the "lay of the land."

In seeking solutions to major social problems, we as a society seem to depart on foot from Denver to San Francisco via New York in January after receiving confirmation from Washington that, yes, this is the most appropriate route and method. Despite adversity, we occasionally arrive—not necessarily due to our brilliant planning and anticipation, but rather due to our tenacity and determination.

We as a nation have begun an arduous trip toward the eradication of child abuse and neglect, and this chapter will present some ideas about how we, both collectively and individually, can more easily reach this goal and cross the Rocky Mountains of American education.

That American education has not been involved in the eradication of child abuse and neglect has been well documented. Education, however, can play an important role. Schools can initiate appropriate agency services, and they have a significant contribution to make to treatment services through agency coordination. Schools, if not universally respected, are at least accepted as a prime influence, perhaps next only to the family, in the child's life.

Schools are accepted as a prime influence in the child's life.

Relationships between agencies will never be totally harmonious. However, the school is in an ideal situation to transcend the territorial imperatives of various professions and agencies with the *child* as the superordinate goal. Until various school systems of this country become involved in the identification, treatment, and prevention of child abuse and neglect, society will not even begin to make a dent in its eradication.

The school is in an ideal situation to bring together various professions and agencies.

There is still a strong proclivity in many sectors to think of child abuse as mainly a problem of the public welfare system. Despite the influx of resources throughout the country, educators have not received much attention. While it is true that legislation in most states demands that suspected cases of child abuse, neglect, and sexual exploitation be reported to departments of public welfare, perhaps the greatest re-

American education is the greatest resource available for identifying, reporting, and preventing the maltreatment of children.

source available in terms of identifying, reporting, and to some degree preventing the maltreatment of children has been ignored by underrating the potential of American education.

WHY EDUCATION HAS NOT REALIZED ITS POTENTIAL

☐ Public and private education is still the largest industry in this country, and it is the only institution that sees children on a daily basis from the age of 5 or 6 through their late teens. Schools have a history of involvement not only with most dimensions of the student's life but also with the family through groups such as the PTA and PTSA. It is clear, however, that American education has been slow to become involved in child abuse and neglect, and there are several reasons for this.

A primary reason is the particular nature of the problem itself. Child abuse and neglect can take many forms, both statutorily and in fact—emotional derogation, physical and emotional neglect, infinite forms of bodily insult. It is a complex and emotional subject, which most people do not understand and many cannot tolerate.

The complex and emotional nature of child abuse makes it difficult to understand.

A second problem is the perception by many people that schools would be taking on child abuse problems as an additional burden. At this point, it is important to note that in the solution of major social problems, the schools have historically been a primary point of penetration, for example, in desegregation and drug abuse. It is little wonder that there is some apprehension among educators about taking on another major social problem, especially when education is under criticism for failing to prepare people in basic skills.

Educators are apprehensive about taking on another major social problem.

This is not to suggest that education as an institution is reluctant or will not become involved in child abuse. Indeed, there are many voices in education seeking guidance, support, training, and so on. Education has awakened to the problem of child abuse and neglect in some instances. In general, however, American education has not been extensively involved. It has been sufficiently documented that there exists a lack of policies, a lack of procedures to tell teachers and administrators what to do with suspected cases. The results shown in Table 1 and Table 2 from a study by the Education Commission of the States (1976) are compelling. Education policy is, of course, a fluid and political process, and it is changing; in the area of child abuse and neglect, anecdotal experience would suggest the change is to the better.

Table 1
Number of Institutions with
Child Abuse Policies, Procedures, or Regulations

Institution	*n*	Have policy	Do not have policy
State boards of education	35	6 (17%)	29 (83%)
State departments of education	49	8 (16%)	41 (84%)
Largest district in each state	50	22 (44%)	28 (56%)
Smallest district in each state	49	14 (29%)	35 (71%)
Largest private school in each state	50	5 (10%)	45 (90%)
Total	233	55 (24%)	178 (76%)

Note. From *Education Policies and Practices Regarding Child Abuse and Neglect and Recommendations for Policy Development* (Report #85) by Education Commission of the States Child Abuse and Neglect Project, Denver, Colorado, 1976.

Table 2
Frequency Distribution of Responses
to Three Questions on Child Abuse

Institution	*n*	Have policy	Have sponsored or cosponsored training	Have sponsored or cosponsored awareness campaign
State school administrator associations	33	4	–	–
State NEA affiliates	41	9	3	3
State AFT affiliates	19	1	1	1
State PTA affiliates	28	12	4	5
State school board associations	36	2	–	–
Total	157	28	8	9

Note. From *Education Policies and Practices Regarding Child Abuse and Neglect and Recommendations for Policy Development* (Report #85) by Education Commission of the States Child Abuse and Neglect Project, Denver, Colorado, 1976.

The third major difficulty is the perception that child abuse is a welfare problem. Through legislative mandate, departments of social welfare throughout the United States have been charged and challenged with carrying out the public's concern for the *welfare* of children, while schools have been charged with the *education* of children. In today's complex world, the two are neither discrete nor distinguishable.

Child abuse is seen as a welfare problem, but welfare and education are neither discrete nor distinguishable.

The fourth major obstacle is the perception by schools and others that child abuse may be a medical problem. It is true that a substantial impetus to heightening the public's concern for child abuse and neglect has come from the medical profession, but associating child abuse and neglect with a specific discipline or body of knowledge leads to a narrowed perception of the complex ramifications of the problem and to passive behaviors by those who feel incompetent to deal with or understand "medical things." Those in nonmedically oriented settings are often found to be afraid to diagnose or have come to believe that evidence of child abuse, neglect, and sexual exploitation is strictly in the form of grotesque physical atrocities. The exception to this would be school nurses.

Educators feel incompetent to deal with what they see as a medical problem.

The last problem is the perception by school personnel and many others that child abuse and neglect are legal problems. The care and responsibility for children have been involved in legal complexities, and many concerned and well intentioned citizens and school personnel believe that the problem of child abuse and neglect best remain in this domain. In spite of legislation designed to give immunity to all parties, many people, including educators are reluctant to become involved in perceived "legal hassles." Among board members, classroom teachers, and school administrators, the first and foremost topic of concern is, Will I be sued? Considerable time and effort have been devoted to convincing school personnel and others that reporting suspected child abuse and neglect *in good faith* cannot cause one to be sued successfully.

Many people, including educators, are reluctant to become involved in "legal hassles."

The legalities of who can determine what is best for children has long been a sensitive subject for school systems, and public school administrators have had a long and delicate relationship with the taxpayer about parents' rights versus educators' rights in determining the nature of education. From time to time, school systems are still involved in controversy over what the content and process of education should be. Leery of lawsuits, rarely having adequate legal aid, and viewing themselves as politically vulnerable, many school systems would just as soon identify child abuse and neglect responsibilities with medical, social welfare, and legal jurisdictions. Those more activist school systems that have attempted to use existing resources often report dismay over the outcome of their efforts to gain attention for the problem of abuse or neglect in school age children. They often feel that little gets done with the outside agencies, while they are left in an adversary role with parents with whom they must face long term relationships.

THE NEED FOR EFFECTIVE CHILD ABUSE POLICY

☐ The first thing that must occur in education's greater involvement in child abuse and neglect is systemwide adoption of a policy and procedures that inform and encourage educational personnel to report suspected cases of child abuse and neglect.

A policy regarding child abuse and neglect is a commitment by the school (or other education group or institution) to cooperate with

A policy is the school's commitment to cooperate with other agencies to protect children.

other agencies and professions in identification, treatment, and prevention programs. The ultimate purpose of a child abuse and neglect policy is to protect children whose health or welfare is threatened through nonaccidental injury or neglect by parents, guardians, or caretakers.

The key word here is commitment, and therein lies the dilemma. What is the best way to motivate people to commit themselves to anything? There is obviously a chasm that separates commitment from involvement, but a start must be made somewhere. A necessary first step is for every school system to adopt and issue a child abuse and neglect policy, particularly a policy on reporting. Almost every state reporting statute requires school personnel to report suspected child abuse and neglect. An effective child abuse policy should inform school personnel of their legal obligations *and* immunities in regard to reporting, as well as inform the local community that school personnel are legally obligated or encouraged to report suspected child abuse and neglect.

An effective policy will inform school personnel of their legal obligations and immunities.

INFLUENCING POLICY AT THE STATE LEVEL

The state board of education controls educational policy for the state's educational systems.

☐ Education is still a state and local function, and the highest level at the state that initiates policies and programs in child abuse and neglect is the state board of education. A state board of education usually has state constitutional power to control educational policy for the state's educational systems. The governance of state boards of education varies from state to state, but policy is their primary responsibility.

There are fewer than 800 state board of education members throughout the United States in all the 50 states and territories. Those within the educational community at large and within the child abuse community in particular should make an effort to encourage awareness of the problem of child abuse and neglect among state board members and to encourage their participation in the solution through adoption of statewide policy in concert with that particular state's reporting statute. The Education Commission of the States has been involved in this, but it takes state and local initiative as well.

Other than the mere adoption of a policy and procedures to encourage educators to report suspected cases of child abuse and neglect, state boards can also advise the state department and the local districts of various inservice training programs on child abuse and neglect that may be initiated.

The state board can advise on inservice training, revise state certification requirements, and influence legislation.

State boards of education can be immensely helpful by adding to state certification requirements a specific number of hours of training (either preservice or inservice) which would assure that certified teachers have at least minimal skills in child abuse and neglect remediation. The state board of education can also be a major voice in legislating or revising child abuse and neglect reporting statutes in each state. In over 30 of the states, state board members are elected by the public at large and have a status similar to that of a state legislator.

The next level of child abuse policy formulation and educational governance is that of the state department of education. As with state boards, it is important to consider the governance structure of the state department of education and chief state school officer or superintendent of public instruction. The chief state school officer, whether elected or appointed, can be influential in adoption and promulgation of a statewide policy for educators to report suspected cases of child abuse or neglect. Chief state school officers meet on a regular basis with

most of the district superintendents of their respective states to discuss issues of vital importance to education in that state. Since there are 50 chief state school officers in the United States, this is a logical point for educators and child abuse and neglect professionals to encourage and enhance the participation of school systems throughout the country.

Chief state school officers are a logical vehicle for the promotion of multidisciplinary or interdisciplinary activities at a state level. It is not inconceivable to consider the chief state school officer along with the directors of state public welfare, mental health, and law enforcement working together and coordinating their efforts in child abuse and neglect.

State departments of education can promote multidisciplinary activities at the state level.

Another point of entry for policy development at the state level is a position or department usually called pupil personnel services. This office or department is in the state department of education and is usually responsible for counseling, support services, and auxiliary services at the state level. The office of pupil personnel can likewise influence the educational system both above it and below it and is an excellent point of entry for concerned professionals and citizens.

POLICY AT THE REGIONAL AND LOCAL LEVEL

☐ The next level of entry for people seeking to initiate programs and policies in education is the area education associations. These groups are composed of a number of districts, or a number of counties, or both. They are sometimes called area education associations, boards of cooperative educational services (BOCES), or other titles. This level of education provides training, staff development, public information, and materials to the schools and districts and their memberships. If a number of schools in a district or several districts wanted an inservice training program in child abuse and neglect, more often than not it would be handled through the BOCES or area education agency.

Area education associations can provide child abuse and neglect services to a number of school districts.

Perhaps the most important level of educational governance for concerned educators and child abuse professionals to impact and penetrate is that of the local district, at which there are two points of entry: the local board of education and the local district superintendent. Local boards of education are elected in most of the 17,000 districts throughout this country and range in size from three to fifteen or more members. The local board of education has a tremendous amount of autonomy and can initiate programs separate and distinct from any other level of educational governance. One concerned school board member can do a great deal within a school district to promulgate policies and procedures, to form professional awareness efforts within the community, and to help coordinate with other professionals in handling cases of child abuse and neglect.

Perhaps the most important level for influencing policy and programs is the local district.

The local superintendent is usually appointed by the local board of education but in many of the 17,000 districts throughout the country is elected by the public. This person is as important in the fight against child abuse and neglect as perhaps any other single individual. This person can, by executive fiat, create a policy or procedure and subsequent public or professional awareness training for the classroom teachers to identify and to report suspected cases of child abuse and neglect as they actually are seen in the classroom. The local superintendent can be immensely important in any sort of multidisciplinary activity at a local level, especially in any manner of cooperation with the local department of welfare, the local mental health agencies, and local law enforcement and medical personnel.

THE SCHOOL BASED CHILD PROTECTION TEAM

☐ Perhaps the most comprehensive program that could be initiated within a district or several districts is something that might be called a "school based child protection team." The team might be composed of a nurse, counselor, school social worker, teacher, or any combination of these. In several cases this team works as a "coordinator" with district-wide policy development, staff development, and non-public-school involvement.

Of all the school based child protection teams in the country, Project Protection of the Montgomery County (Maryland) Public Schools is probably the best known. Started in 1974, the project included curriculum development, school policy revision, and training for both public and private school teachers to identify and work with abused and neglected children. This project had massive impact in the public and private education sectors. Reporting increased within the schools, along with understanding and cooperating with other service agencies.

The success of this concept indicates education's potential for increasing reporting, understanding, and cooperation.

The experiences of several other projects suggest education's potential role and impact in child protection teams. The Syracuse City School District, for example, began an abuse identification program in 1964. Five years later, the director of health services for the schools noted that since its inception the school program had been the greatest single referral source in the city. The SCAN (School Children Abused and Neglected) project, which began in the Bedford-Stuyvesant area of Brooklyn in 1974, made more than 170 referrals within its first few months of operation. Within 25 days of its inception in February 1975, the Child Abuse and Neglect team of the Jefferson County (Colorado) Public Schools reported 22 cases of suspected abuse and neglect. All were subsequently confirmed (Education Commission of the States Child Abuse and Neglect Project, 1976).

While the school based child protection team may appear expensive, staff involvement can take the place of additional funding.

Many would argue that such a model is too expensive to be institutionalized, and, indeed, it is not without cost if done at a district level. But additional funding is not necessarily required; what is required is *involvement.*

There are several instances where a teacher, principal, or school nurse has initiated a child protection team within an individual school. These seem to have arisen because the local welfare agencies were unable to intervene successfully and protect the children seen daily by the concerned teacher or nurse. So, while the school based child protection team may appear expensive on the surface, it need not cost anything.

WORKING THROUGH EDUCATIONAL GROUPS

☐ Many people involved in the treatment of abuse are unaware of how American education operates and its multitude of governance structures, professional groups, and citizens groups. To underestimate the importance of educational governance and professional and citizens groups is to underestimate the importance of American education. The point in fact is that American education is still the largest single enterprise in the country. Federal government, state government, and local government expenditures on education dwarf the US defense budget.

American education is the largest single enterprise in the country.

Various educational associations have tremendous influence on the educational process.

Various educational associations and quasi associations have tremendous influence on the educational process in this country, and their importance should not be underestimated. The following section briefly discusses some of these associations, which include professional groups, lay citizens groups, lobbying groups, interest groups, and so on.

There are approximately 35 school administrator associations in the country at the state level, composed of the superintendents and district superintendents within the state. The associations are concerned with professional credentials and issues that directly affect school administrators. If the state school administrator associations become aware of the problems of child abuse and neglect and their attendant responsibilities, there is a great likelihood that they will move judiciously to insure that administrators as a professional group are protected in terms of policies and procedures under their state statutes. Child abuse professionals and educators should strongly consider the state school administrator associations as a viable point of entry in terms of promulgating information about child abuse policies and programs that administrators may initiate in their respective districts.

State school administrator associations can disseminate abuse information to local districts.

Another state level organization of tremendous importance is that of the school counselors. Several states have such organizations. In San Diego where school counselors were used on a strictly voluntary basis in cases of child abuse, no parent openly refused to see the counselor or acted to withhold counseling from the child. School counselors are therefore a tremendously valuable treatment resource within the domain of the public school. While total responsibility for intervention should not be laid on school counselors, they may be able to protect a child from further maltreatment, especially when little or no other form of treatment is available.

School counselors are a valuable treatment resource.

Also at the state level are teachers organizations, usually the National Education Association (NEA), affiliated with the American Federation of Teachers (AFT). Both of these groups have tremendous influence over policies that affect teachers. Almost every state has an NEA affiliate, and almost half the states have AFT affiliates. It is clear that both of these groups are basically labor unions and exist for the benefit of the teaching profession. These organizations work with administrators and boards in regard to contract negotiations and salaries, fringe benefits, and so on. That, however, is not their only reason for existence. Teacher unions at the state and local level are often involved in policy issues, especially as they relate to teachers. They have been strong advocates for changes in education.

Teacher unions are strong advocates for changes in education.

It is not inconceivable to think that at some point in the future abused and/or neglected children within a classroom or a special education class may become a point of negotiation with the teacher unions. Teacher unions are active in policy issues and should certainly be considered as a powerful vehicle for disseminating information on child abuse and neglect and teacher training.

The Parent-Teacher Association (PTA) has state chapters in every state and thousands of chapters at the local level. Also included under this category is the Parent-Teacher-Student Association (PTSA), which is closely aligned. PTA members are volunteer parents, teachers, and students, and over the years the PTA has become involved in everything from collective bargaining to national legislation. The PTA has done as much for American education as any other group in the country. PTA members are basically lay people, and if the problem of child abuse and neglect is ever to filter down to the citizenry, then PTA seems a logical and most appropriate vehicle.

The PTA is a logical and appropriate vehicle for bringing the problem of child abuse to the public.

Another important function of state and local PTA chapters is parent education. Most child abuse professionals have discussed the benefits

of parent education as a preventive measure for child abuse and neglect for some time. One of the main goals of the PTA is to promulgate parenting skills for school age children and parents. The issue of child abuse and neglect can be a useful mechanism for initiating parenting and parent education within the public schools.

State school board associations can filter policy to local decision makers.

Another state level organization is the state school board association, a group usually comprising the memberships of all the local district boards of education. There are approximately 40 state school board associations in the United States, which meet periodically and discuss issues of concern to local school board members. These groups provide a valuable vehicle for filtering policy information down to appropriate decision makers at the local level, who have considerable autonomy in terms of policy within the local district.

TOWARD GREATER COMMUNITY INVOLVEMENT

Community education means greater community involvement in the education process and greater use of school facilities.

□ Within American education in the past few years there has been tremendous concern regarding an idea called *community education.* While it has a multitude of meanings to many people, one perception of it is greater community involvement in the education process and greater use of the physical facilities of the school buildings. Because of declining enrollments, higher taxes, and fewer school bonds, there is considerable concern among educators as to the use of their buildings. Schools throughout the country are being closed because of less money and fewer students. Given the underutilization of these buildings, which are neighborhood based, schools could be used for other purposes such as crisis nurseries. This would, of course, require multidisciplinary cooperation between educators and welfare officials, who might be willing to share some of those costs. Crisis nurseries could be staffed by volunteers from the PTA and workers from the department of public welfare.

A variation of this notion is that schools that are underutilized might be used as preschool day care centers for neighborhood parents. The availability of this service could be disseminated through local volunteer organizations and through the welfare department, which usually licenses such facilities. Emergency babysitting services could be offered through the neighborhood public school, again perhaps financed in part through welfare appropriations. This idea could easily be expanded to Head Start facilities. Unfortunately, in the few instances known to this author where such an idea has been attempted, the predictable and territorial questioning of competence between professions has interferred. It seems wasteful, at best, that these two institutions of welfare and education cannot combine some of their resources and physical facilities for the common goal of protecting children and at the same time solve some of their respective administrative and financial problems.

Cooperation between educators and welfare officials can help solve the administrative and financial problems of both groups.

Congress in 1975 passed the Education for All Handicapped Children Act (Public Law 94-142). A part of that legislation states that public schools shall provide for the education of all handicapped children from birth through age 21 by 1980. That inevitably speaks to the point of making community education ideas function. It seems clear that there is a legislative, financial, and philosophical impetus to draw public schools into more social services to children and, presumably, more interdisciplinary and interagency cooperation.

Another example of a program that could be initiated is greater cooperation between area foster homes and local school personnel. Ad-

mittedly, this type of program would function after abuse or neglect has occurred. However, with a greater understanding on the part of education personnel of the foster home and the child's subsequent environment, abused or neglected children who are in a school setting will have a greater support system when these two groups cooperate and assist one another. The initiative for this type of program would most likely come from school personnel or community lay people, as foster parents are often preoccupied with daily living problems associated with having a number of foster children in the home.

Understanding and assistance between school personnel and foster parents strengthen the support system for abused children

The general quality of foster care in this country has been well documented, and the consensus seems to be that the existing standards and conditions of foster care are inadequate at best. School personnel and community lay people such as PTA members could be of great assistance to foster care parents.

With the documented lack of treatment modalities and facilities, it would seem prudent, as suggested earlier, that school counselors be utilized by child protective service workers as part of a larger supportive network for abused children and their families. Such a network would require an institutional agreement between the school system and the welfare authorities responsible for the investigation and disposition of child abuse and neglect cases. It would also require some cooperative arrangements with the mental health authorities. However, it does seem reasonable to suggest that school counselors be considered among the treatment resources in dealing with abused and neglected children of school age. To my knowledge, this has not been done anywhere in the country on an institutional basis.

There are obviously many other ways to involve American education in the eradication of child abuse and neglect. Child abuse and neglect have been analogized to religion: There is about 10% empirical fact and 90% blind faith. In many respects, society is in the position of the frontier settlers of a century ago: We know where we want to go, and we proceed without definitive maps but with strong opinions and hope.

REFERENCE

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therapeutic interventions for the maltreated child

elsa ten broeck

Key Ideas

- *The last decade has witnessed an evolution in the field of child welfare. Parents are seen as helpers rather than determiners in meeting the needs of children.*
- *Professionals have come to accept the fact that the family unit must receive direct treatment if any reasonable change in family functioning is to be expected.*
- *Optimum intervention choices for maltreated children that rehabilitate the child and parents while maximizing the child's ongoing growth and development in the family setting include combinations of in home and out of home services and care.*
- *The school can offer a natural and acceptable environment for parents to receive treatment while sharing parenthood responsibilities and being exposed to role models who demonstrate nurturing and parenting skills.*
- *Successful intervention in the classroom involves creating a consistent sense of trust, setting limits, developing a positive self image, and encouraging freedom of expression.*

EVOLUTION OF THERAPEUTIC INTERVENTION

□ To understand current treatment approaches used with children who have been, are, or could be abused and/or neglected, it is important to view current approaches in the context of the entire field of treatment of child abuse and neglect. Many of these children—particularly in abuse cases—are very young. During their most significant growth period (0 to 5 years) they are experiencing a lack of adequate nurturance. At the least, this lack is a deprivation that can result in delayed emotional and physical development; in the extreme, it can result in permanent damage both psychologically and physically.

Early treatment approaches placed maltreated children in alternative environments to avoid physical and emotional risk.

It is not surprising, therefore, that the treatment approach for children until the early 1960's was total environmental change. Because the field of child protection was unsuccessful in engaging parents in treatment in a way that would minimize the physical and emotional risk to the child, abused and neglected children were placed in alternative environments (generally foster homes). There they remained until the natural parents responded to treatment in a manner that indicated their ability to protect the child adequately. In the early 1960's, Kempe and his associates at the University of Colorado Medical Center began to explore alternative approaches that emphasized in home treatment of child abuse (Helfer & Kempe, 1968). In addition, long term studies of foster care (Mnookin, 1973) showed that out of home placement was fraught with difficulties for all parties involved and created more problems than it solved. Aware of the negative impact of long term foster care, Kempe and associates devised treatment plans that maintained the natural family whenever possible.

Because of the negative impact of long term separation, treatment plans began to maintain the natural family whenever possible.

Although the child and family were generally not subjected to the trauma of long term placement, the child usually was not the focus of the intervention. Rather, the child was treated through "osmosis"; by treating the parent it was assumed that the child's situation would be improved. Over the long run this was, of course, true. Even when parents accept the need for treatment, however, the problem of child

abuse and neglect does not go away. Treatment of this problem is lengthy and does not result in miracle cures. The rehabilitation period is long—generally a minimum of three months before symptoms of abuse or neglect stop and a year before a family can function independently (Ten Broeck, 1974). During this period, the child continues to grow and develop in a less than ideal and frequently damaging environment.

During the long rehabilitation period for parents, the child remained in a frequently damaging environment.

In this treatment approach, children are seen, observed, and talked with. For those children whose behavior indicates specific needs, individual interventions such as Big Sisters, Big Brothers, recreational outlets, special education classes, and, in extreme cases, psychiatric treatment may be developed. However, these direct interventions are minimal compared to the daily needs of the average child, and particularly in light of the specialized needs of the abused or neglected child, which result from daily exposure to a lack of nurturance.

It becomes important, therefore, to ask why the field of child abuse and neglect did not immediately develop direct intervention, other than removal, on behalf of the child while treating the parent. Two areas of socioanthropological thought lend perspective to the evolution of the field of child welfare in particular and human services in general.

MODES OF CHILD REARING IN WESTERN CULTURE

The notion that child abuse and neglect are problems worth treating is a recent development.

□ DeMause (1975) described an historical evolution in the type of care offered children. Over a period of time, each successive generation of parents has gone beyond the abuses it was subjected to, and the role of the child in society has evolved. The notion that child abuse and neglect are in fact a problem worth treating—for either the parent or the child—is a very recent development. DeMause described the following modes of approaches to children:

- *Infanticidal mode (Antiquity).* Parents resolved their anxieties about taking care of children by killing the child or by perpetrating severe abuse if the child was allowed to live.

- *Abandonment mode (Medieval).* Parents who were unable to tolerate the care of children abandoned the child to others such as wet nurses, servants, or nannies, or perpetrated extreme emotional neglect if the child remained in their care.

- *Ambivalent mode (Renaissance).* Parents with ambivalent feelings about child rearing continued to care for the child but expressed this ambivalence through projecting onto the child an evil nature and expressing overtly ambivalent feelings of love and hate without rationale in the daily care of the child.

- *Intrusive mode (18th Century).* Parents continued to relate more with the child (as in the ambivalent mode) but expressed the relationship through controls such as praying with the child or through discipline that used guilt rather than physical punishment.

- *Socializing mode (19th Century to the present).* Parents viewed the child as an individual who needs continuous training and guidance in order to become civilized. Parents at this stage have given up overt forms of abuse and use covert methods of manipulation, guilt, and a detached quality of parenting to sustain long periods of contact with children whose increasing needs are too much for the parent to tolerate.

- *Helping mode (Current).* This mode is based on the proposition that the child knows better than the parent what the child needs at each stage of life. This mode involves both parents fully in the child's daily life as they help the child with its expanding needs. The helping mode requires enormous time, energy, and emotional maturity on the part of both parents, especially in the first six years of the child's life, to help the child develop his or her full capacity for emotional and intellectual growth.

The current view of the child as an individual and the parent as the child's helper requires a level of maturity not achieved by many parents.

These modes describe how parents have evolved methods to control their inherent conflict over child rearing. It is important to understand that all parents have ambivalent feelings toward child rearing. In fact, it is not until the socializing mode that the child is recognized as having inherent needs as an individual, and therefore parental needs should be subjugated. This understanding of the child is now evolving, in the helping mode, into an understanding of the role of the parent as a helper (rather than determiner) to the child in choosing what the child's needs are and how they will be met. As DeMause indicated, this type of societal expectation of parents requires an extraordinary amount of maturity, and child abuse and neglect statistics indicate that many parents are unsuccessful in reaching this level of evolution.

It is interesting to note that a spectrum of family health could be compared to these modes of child rearing, with the lower part of the spectrum describing parents who behave like evolutionary arrests—psychological fossils stuck in personality modes from a previous historical period when most parents battered their children. The implications of these modes for the treatment of family pathology are significant not only in terms of understanding the pathology but also in understanding society's response to the problem.

THE CHILD'S ROLE IN UNITED STATES CULTURE

□ The second area of thought as to why professionals have been so slow in treating the abused or neglected child calls for an examination of the role of the child in this country. It is ironic that the United States, the leading industrial nation in the world, also has unusually high infant mortality rates; an inadequate and ineffective health care system; and inadequate children's services such as day care, mental health, recreation, and schooling.

Keniston (1974) examined the effect of the work ethic on human services in general and services to children in particular. The work ethic has to a large extent shaped attitudes toward human services in this country. This is particularly true of professionals who became professionals by adhering to the work ethic. The basic concept of the work ethic is the belief that anyone who works can succeed, and that to escape from scarcity and want it is simply necessary to work *hard*. In addition, the work ethic also holds that unless children are taught to be industrious they will fall into vice and ultimately reach the lowest level of degradation by being financially dependent and unable to care for themselves. It is interesting to note that the first system of foster care in this country was devised to protect poor children from the sins of poverty by removing children from indigent parents solely because of their indigency (Keniston, 1974).

Although current social welfare policies have been less influenced by the work ethic, particularly since the Great Depression, there remains a fundamental attitude among most middle class employed persons that the ideal state is self reliance and financial independence, and that the less fortunate, given the right opportunity or expectation (depending on one's political frame of reference), will in fact become better individuals by accepting the tenets of the work ethic. As a result, social services in this country are limited, difficult to obtain, and, if they involve financial assistance, often deliberately degrading.

Society expects people who produce children to be responsible for them.

The core of independence in the United States rests in the nuclear family. The expectation is clear: People who produce children are responsible for raising them. The state sees the value of the child only in terms of the child's inherent ability to produce. Keniston pointed out that this ability to produce becomes more and more restricted as society moves into a complex technological world, which values cognitive rather than physical skills. As a result, children of the masses no longer meet society's needs, and society has little if any interest in protecting that which it does not need, as clearly demonstrated in society's attitude toward the abuse and neglect of children in this country.

Even with a basically negative history, there has been a developmental change in the focus of treatment in the field of child abuse and neglect. The most important change has been the country's recognition of child abuse and neglect as a problem. This change is reflected in the establishment of a National Center on Child Abuse and Neglect in the US Department of Health, Education, and Welfare. In addition, professionals in the field have begun to accept that the family unit—parent and child—must receive direct treatment if any reasonable change in family functioning is to be expected. However, the socioanthropological viewpoints described continue to exist as a framework to the problem. Until American society makes a major commitment to human services in general and families in particular, the interventions described in this chapter will continue to be stopgap solutions.

Until American society makes a major commitment to human services, child abuse interventions will continue to be stopgap solutions.

BEHAVIORAL CHARACTERISTICS OF MALTREATED CHILDREN

The maltreated child's behavior is unique only in its extreme nature and consistency.

□ The most important point to be made about the behavior of the maltreated child is that the behavior is different only in its extreme. All of the behaviors described can be found in any classroom. The difference that makes the maltreated child's behavior unique is the extreme of the behavior and the fact that it appears on a consistent basis. In other words, it is not unusual for children at certain times under certain conditions to be aggressive, nonverbal, or withdrawn. It is unusual for these behaviors to be consistent and ongoing irrespective of the situation the child is dealing with. The following typical characteristics were found among the children at the Extended Family Center in San Francisco, a federally funded treatment center for families with a child abuse problem.

The child's sense of self is negative and in extreme cases nonexistent. The children have accepted a self image of the bad child who causes problems and requires extreme forms of discipline to control. Children call themselves names such as "no good," "bitch," "bad boy," and "bad girl." In one case, 3 year old Steven was unable to perceive of himself as a person and had to be taught who he was through the use of a mirror and one to one staff support. All the children need constant reinforcement of themselves as positive individuals. This reinforcement is frequently difficult to give because the children have learned at a very early age to relate in a manner that provokes negative reinforcement.

The child has a high level of fear and anxiety followed by expressions of acting out behavior. Most of the children display a great deal of caution and frequently fear in relating to adults. They are wary of adult interactions and size up most situations before becoming involved. It is not unusual to observe a new child in the center remaining rigidly removed from activities of both children and adults. This cautious behavior is replaced, once the child begins to trust the environment, by acting out behavior surprisingly violent in nature. This acting out is generally to test the limits of the environment, to provoke violent responses in adults, and to release the pent-up anger the child has learned to endure at home.

The child's initial behavior indicates a high level of social skills with adults. The children at the center exhibit an astonishing ability to relate to and please adults. These children are able to quickly perceive what is expected of them and exhibit a high level of adaptiveness to the social environment. This ability does not extend to peer relationships, and they generally function poorly in group situations, requiring almost one to one relationships with staff. If therapeutic interventions are successful and the child begins to trust the staff and environment, this initial adaptive behavior gives way to the behaviors described above. If the child is unsuccessful in giving up the adaptive behavior, studies have shown that the child's cognitive abilities are limited due to the constant need to determine behavior by external stimuli (Martin, 1972). The overadaptive child's style of learning becomes literal and inflexible as a result of an inability to develop an internal sense of control.

The child exhibits a lag in sensory-motor development. All children seen at the Extended Family Center initially display a developmental lag in all areas of sensory-motor functions. Most startling, and confirmed in other studies, is the delay in language development (Martin, 1972). It is difficult to assess how much of this lag is due to deprivation and how much is due to the child's inherent sense of self protection. Steven was totally nonverbal at age 3. After six months in the center he

began talking and was at age level within a year. Steven's family history revealed that two older siblings had been severely abused only after they became verbal, because "they talked too much." Steven's nonverbal approach to life actually protected him in his home environment. Other children come from homes that severely restrict their movement and do not provide stimulation for growth. Within three to six months of intervention, most of the children reach normal developmental milestones for their age.

The child exhibits lack of trust in adults, peers, and environment. All the children at the Extended Family Center struggle with one fundamental psychological problem: lack of trust. Although each child's home environment is unique, the home environments can generally be characterized as inconsistent, that is, lacking a routine and structure that teach a child that the environment is predictable and can be trusted and therefore controlled. Throughout their stay at the center, each child has to struggle with this first developmental task—to trust in order to go on to learn and grow both physically and psychologically.

The fundamental psychological problem is lack of trust in adults, peers, and the environment.

TREATMENT APPROACHES

□ Treatment of the maltreated child has two purposes: to rehabilitate the damage resulting from the maltreatment and to provide adequate nurturance in order to help the child continue to grow and develop. Children are extraordinarily resilient creatures. They can be exposed and/or subjected to physical and emotional assaults on their bodies and minds and recover quickly and often completely with adequate intervention. In order to adequately treat the maltreated child, the treatment person must accept as a basic premise that the child's continued growth and development—on a timetable unique to each child—must be the prime consideration in determining the choice of intervention. In other words, no matter how damaged a maltreated child is, that child will continue to grow and face normal developmental milestones in addition to rehabilitative milestones. Treatment interventions must therefore incorporate modes both to rehabilitate the damaged part of the child and to support and encourage the normal development.

Treatment interventions must be designed both to rehabilitate the damaged part of the child and to support and encourage normal development.

Too often treatment is seen only as rehabilitative, and the child's normal needs are ignored. These normal needs can best be described as the need for love from adult to child on a consistent daily basis, an inherent sense of self, a trust relationship that helps the child perceive the world as a safe place, and an environment that allows the child to grow and develop. Unfortunately, it is this basic nurturance that is missing in the home of the maltreated child. Interventions such as speech therapy, physical therapy, remedial classes, and recreational facilities can attempt to repair the damage of the physical or emotional assault on the child, but in no way can they meet the daily need for nurturance. Treatment of the maltreated child must be offered on an intense basis. Treatment offered once, twice, or even three times a week for an hour at a time, which is generally considered intensive for human services, is simply a stopgap approach to the problem. At this time, the one facility that offers such intense services to the child is the school, which is defined here to include infant-toddler centers, preschools, and day care programs, as well as the more traditional education settings.

The reality, however, is that the schools have not, until very recently, been involved in the field of child abuse and neglect, perhaps with good reason. The schools have over the years assumed more and more of the

As the one facility that offers intense services to children, the school must assume a more active role in treatment.

functions of the family unit, and treatment of the maltreated child means that the school must assume a more intensive role in the family. Whether or not the traditional school setting is able or willing to become involved in the treatment of the maltreated child, the ancillary services in educational settings have become involved. The following section will describe current intervention programs, particularly in an educational setting.

TYPES OF INTERVENTION

Intervention may take the form of in home treatment, out of home services, or a combination.

☐ Interventions can be divided into three groups.

In home treatment. This modality offers support services to the child while the child remains in the home. Services are generally offered on a less than daily basis, and the child's primary nurturing figure (except when a homemaker is placed in the home) remains the natural parent, who is also receiving services. Examples of in home treatment include play therapy; counseloring; recreational activities; homemaker services; Big Sisters or Big Brothers; and services for special needs such as medical, dental, nutritional, or remedial education.

In/out of home treatment. These types of interventions are administered to the child out of the home; however, the child continues to live in the home and the responsibility for the child's nurturance is shared by the natural parent (who is generally also in treatment) and other caretakers. Examples of in/out of home treatment include crisis nurseries, day care, and schools.

Out of home services. This type of intervention is based on the child's removal from the natural parent's care and the child's nurturance being taken over by a substitute caretaker. Frequently, out of home services are supplemented by additional social services, particularly if the child placed out of the home has special needs in addition to adequate full time nurturing. Examples of different types of out of home interventions include (a) shelter care, which is temporary removal to an institution or foster home on a short term basis; (b) foster care, which is more long term than shelter care but predicated on the ultimate return of the child to the natural home; (c) institutional care, which is long term placement of the child in a specialized setting due to problems such as emotional disturbance or physical disabilities; and (d) guardianship or adoption, which is long term and/or permanent removal of the child from the natural home into the custody of another caretaker.

Most experts in the field have concurred that the option of in/out of home treatment brings together the advantages of both in home and out of home treatment and generally overcomes the disadvantages of each. Disadvantages of in home care lie in the problem of leaving a child's primary source of nurturance with the parent who is not yet able to provide that nurturance. The difficulties of out of home placement are complicated. An adequate source of nurturance 24 hours a day appears the solution of choice until one becomes more acquainted with the problems of the foster care system, which include:

- Lack of adequate foster parents to nurture these difficult children.
- The impossible demand on a foster parent to love a difficult child, gain the child's trust, and then return the child to the natural parent.
- Competition between natural parent and foster parent for the child's affection and loyalty.

- The psychological stress placed on the child whose love and loyalty are torn between two sets of parents.
- The lack of security or sense of belonging for the child, particularly if he or she is subjected to multiple placements as many maltreated children are, due to problems in adjusting to new environments.
- The negative effect on the natural parent's treatment, because it is difficult to treat child maltreatment if the parent has no child to relate with during treatment.

In/out of home treatment has the advantage of keeping the child at home and supporting both the child and parent during the rehabilitative process. This approach might be called *shared parenthood.* It is based on the premise that parenthood is an extremely difficult job, which can be eased and/or improved if parents have available to them adults who are able and willing to share their parenting responsibilities. The key word is "share." All parents, and parents who mistreat their children in particular, are threatened by experts who move in to care for their child—often in ways that appear better than those of the parent. The concept of shared parenthood recognizes the importance of the natural parent to the child and supports that relationship at all times. However, the concept also recognizes that child rearing is an awesome responsibility that can and often should be shared by several adults, both for the benefit of the child and for the benefit of the natural parents who often need at least relief if not parenting for themselves.

In/out of home treatment keeps the child at home and supports both the child and parent during the rehabilitative process.

The concept of shared parenthood recognizes that responsibility for child rearing can and often should be shared by several adults.

THERAPEUTIC DAY CARE—THE TREATMENT OF CHOICE

□ A therapeutic day school setting geared to the specific needs of the abused or neglected child is the optimum treatment choice to rehabilitate the child and parent while maximizing the child's ongoing growth and development in the family setting. The school offers a natural and acceptable environment for the parent to receive treatment while sharing parenthood responsibilities. Parents are exposed to role models who can directly demonstrate nurturing parenting skills. The school setting can be used to address several significant areas of therapeutic intervention. The following discussion is based on experiences at the Extended Family Center and is therefore geared toward a preschool day care setting.

DEVELOPMENT OF TRUST

□ A primary need of the maltreated child is to develop a sense of trust. As in all classrooms, it is important for the children to have a daily routine and a consistency of approach. With maltreated children consistency is even more crucial, and each aspect of the daily routine needs to be explained and emphasized with great repetition. Through the use of repetition and verbal explanation the child begins to develop a sense of predictability and, ultimately, safety.

A daily routine and consistency in the classroom allow the maltreated child to develop a sense of predictability and safety.

Once children begin to trust the safety of the environment, they will begin to test the environment for the limits of that safety. At this point, discipline and limit setting become important. Again, for all children, limit setting and the consistency of that limit setting are important; for the maltreated child they are crucial to the child's rehabilitation and ongoing growth. The home of the maltreated child can be characterized by its inconsistency—in approach to life in general and to limit setting in particular. In addition, for severely abused children,

Limit setting and consistency are crucial for the maltreated child's rehabilitation and ongoing growth.

limit setting sometimes is a life endangering issue that drastically affects all their responses to the environment. Therefore, the development, application, and consistency of limit setting in a therapeutic environment are central to all the possible interventions that can be used in a school setting. With some children, almost all the time spent with them revolves around helping them learn how to limit their behavior appropriately.

As the children learn that the environment is consistent and trustworthy, they generally respond in two ways: by expressing anger and violence that have not been allowed expression in their home environment or by testing the new environment in order to learn what the limits are. Unfortunately, many adults respond to the maltreated child (particularly the battered baby) with excessive sympathy that results in a desire to make up for "everything." This may lead to overcompensating for excessive discipline by instituting no discipline. All children need and desire limits. They will in fact provoke limits by their behavior if limits are not forthcoming. When the maltreated child responds to an environment that does not limit behavior through physical punishment, the child often loses control over the behavior and desperately looks for limits. Limits in use at the Extended Family Center have the following characteristics:

Each limit must have a purpose that can be stated to the child.

- Each limit must have a purpose that can be stated to the child. If the adult can not explain the reason for the limit, it is not placed on the child.
- The primary reason for limiting the child's behavior is physical safety of the child and of others. Another reason for limits is to create an atmosphere that can enhance group activities as well as individual activities. This second type of limit is not introduced until far into the treatment program due to the initial individual needs of the children.
- The first phase of limit setting is a verbal limit. The child is informed that his or her behavior is not acceptable, why it is not acceptable, and the alternatives available to the child either to make the behavior acceptable or to deal with his or her reaction to the limit.
- If verbal intervention is unsuccessful, physical limits are used to assure protection of the children and to help them gain control over their behavior. The use of physical intervention consists of holding the child. Hitting or other interventions that consist of assault such as grabbing or pinching are not used.

The reality of day to day work in a therapeutic nursery quickly educates one to the difficulty of achieving these characteristics and the necessity for a staff skilled in maintaining patience and committed to a nonauthoritarian, nonviolent manner of child rearing. Maltreated children provoke intense reactions from the adults who care for them. They quickly respond to gentle caring as little monsters, and it is not unusual for adults to respond to them as such. Although such adult response is understandable, it is also destructive to the child. The staff of a center therefore need constant support to enable them to achieve appropriate methods of limits.

A third important area in the development of trust is nap time. Nap time is an important point of intervention, but it is also the point at which most therapeutic programs have initial difficulty because they are unprepared to commit the staff resources needed to deal with the

problem. Nap time in most centers is the time with the lowest staff-child ratio, the time when staff meetings are held, and the time when staff need and want a break.

For the maltreated child, nap time is the most threatening time of day. It means totally giving up control by going to sleep. Frequently, these children have been assaulted when asleep or while waking, and naps have negative associations. The obvious intervention is helping the child to trust by giving the security and support that will allow the child to fall asleep. Such support requires an adequate number of staff to give one to one attention by holding, rocking, stroking, talking, and, at a minimum, enforcing a quiet time for those children unable to fall asleep. An excellent measure of progress in the treatment program is the child's as well as the staff's ability to tolerate nap time.

Frequently, maltreated children have been assaulted when asleep and thus must be given the security and support that will allow them to take naps.

□ The second area of intervention with maltreated children is the development of a positive self image. As with the development of a sense of trust, this intervention pervades the program. Staff must perceive each interaction with the child as an opportunity to reinforce the child's sense of self. In addition, each area of instruction can help the child achieve a sense of mastery that can add to an overall positive sense of self. Specific modes of developing self image used at the Extended Family Center include:

DEVELOPMENT OF POSITIVE SELF IMAGE

Each interaction with the child is an opportunity to reinforce the child's sense of self and sense of mastery.

- *Verbal interaction between staff and child.* The child and his her actions are continually identified by name. Positive actions are verbally reinforced; negative verbal responses to the child are minimized.
- *Creation of individual space.* Spaces such as cubbies, areas of the bulletin board, chairs, tables, and sleeping areas are identified with name tags and pictures of each child.
- *Use of play that explores the concept of self,* particularly mirroring games. A mirror is used to identify parts of the body as well as to reinforce self image and feelings such as happy face and sad face.
- *Responses to the child's nonverbal and verbal behavior that help identify the child's feelings.* This helps the child to identify and resolve feelings in order to incorporate a sense of self that can cope successfully.

□ Numerous methods of intervention in a school program can easily be adapted to a therapeutic mode if staff understand and accept the importance of the nurturing they offer the child. Some interventions used at the Extended Family Center include:

METHODS OF CLASSROOM INTERVENTION

Many classroom interventions can be adapted to a therapeutic mode if staff understand the importance of the nurturing they provide.

- *Water play.* This form of play is important for stimulation and for fine and gross motor coordination. For the maltreated child, it is a time to experience "messiness"—an opportunity to explore, to splash, to express oneself without the restraint generally necessary at home.
- *Athletic play* such as tumbling and jumping. A specified area is helpful for gross motor development. At the center it is part of a stage converted into a foam rubber floor covered with a mat. This area also becomes a place where emotions—particularly anger—can be ex-

pressed safely. For the maltreated child whose emotions must generally be contained at home, the safety of this area is important.

- *Doll house play.* This play allows the most direct expression of the maltreated child's struggle at home. It is not uncommon to observe the child taking out frustrations and anger on the dolls. This area can be used for diagnostic and therapeutic intervention if trained staff are available to offer appropriate assessment and intervention.
- *Dramatic play.* Similar to doll house play, dramatic play can help children express and work through emotional struggles. Children at the center are encouraged to tell stories or to play out stories with the staff. The children will often ask staff to play "house" or "Mommy and Daddy" with them, particularly if there is a crisis at home.
- *Clay, painting, and drawing activities.* These activities not only develop basic skills such as fine motor coordination but can also be helpful in giving a child an opportunity to explore, create, and express feelings, opportunities generally not allowed at home.

In play situations, children can safely express emotions, explore, and create—activities generally not allowed at home.

SEGREGATE OR INTEGRATE?

□ One of the most important issues in offering therapeutic care to maltreated children is whether to treat them as a specialized group or to integrate them into a regular day school program. The Extended Family Center was deliberately established as a specialized center serving only maltreated children; however, it was part of a larger day care organization (Mission Child Care Consortium), and children from the center are phased into regular, work related day care programs. On the basis of the center's experience as well as that of other programs around the country, it would seem that the maltreated child needs a minimum of three months in a center geared to meet the child's unique need for appropriate nurturing. This period also allows for assessment of the child's emotional and physical development so that specific needs can be identified and remedial support offered after the child leaves the therapeutic environment.

The most important criterion in determining if a child needs therapeutic rather than regular day care is whether or not the child will be identified as a "problem" in the regular day care environment. Programs in most day care centers are based on a group approach; that is, the children must be able to function so that one to one support or care is necessary only for unusual situations. At least initially, most maltreated children cannot function in groups and require intensive if not one to one support most of the day. Needless to say, in a regular day care program this type of behavior is rapidly identified as a problem, and the pattern of negative reinforcement is then carried on both at home and in school. In the case of the withdrawn or overadapted maltreated child, a regular center often does not see the behavior or reinforces it as positive rather than supporting the child's need to express anger and other emotions. Until regular day care programs are able and willing to provide staff who can offer intensive emotional care, the maltreated child should receive initial therapeutic assessment and intervention at a specialized center.

Until the regular program can provide the intensive support needed, initial assessment and intervention should occur at a specialized center.

At the same time, therapeutic care has diminishing returns when children reach the level at which they can relate with a group and express their emotions in a constructive manner. It is therefore important to know when a child should be moved from a specialized to a regular

When a child can relate with a group, express emotions constructively, and be protected at home, a regular day care setting is indicated.

day care setting. Guidelines used by staff at the Extended Family Center to determine when a child is ready to move include:

- Increased willingness of the child to separate from and go home with parents.
- Reduction in the child's level of anxiety in the center, particularly in relation to threatening situations and to new people.
- An increase in the child's ability to adjust to change in routine.
- An increase in the child's ability to tolerate delayed gratification of needs.
- Verbal ability of the child to ask for what he or she wants rather than express need through physical behavior.
- The child's ability to function in a group and still get needs met.
- An increase in the child's developmental level to, or close to, age level in gross and fine motor skills, overall coordination, and verbal skills.
- The child's behavior at nap time. Will the child sleep? Is there still a high level of anxiety or discomfort at nap time?
- The child's safety at home. Have parents responded to treatment? Can they offer the child emotional support and care at home? Is there less need for nurturance by the center staff?

CONCERNS FOR TEACHERS

The key ingredient to a program's success is the staff.

□ Any discussion of therapeutic programs for maltreated children must address the key ingredient to a program's success: the staff. There are several areas that teachers must be aware of and sensitive to if they are to be successful in carrying out a therapeutic program. These concerns include:

- *Conflicting needs of adult and child.* No matter how skilled a teacher may be, he or she is first and foremost a person with needs that will conflict with the overwhelming needs of the maltreated child. Teachers must be honest about these needs and realistic about when and how often they can delay their needs in order to meet the child's needs.
- *Conflict between parent and teacher.* Staff in a therapeutic setting for maltreated children must accept that much of their work with the children will be parental in nature. However, they must also be supportive of the natural parent and not become competitive for the child's loyalty. If staff are able to understand and accept their therapeutic role with both child and parents, this conflict should lessen.

Teachers must be aware of and sensitive to the conflicting needs of the child, the parents, and the staff members.

- *Conflict between child and teacher.* Staff need to be prepared for the resistance (expressed through continual testing) of the child against trusting or caring. Staff must be able to accept the child's anger and negative behavior without making the child the enemy. The role of the teacher is to accept the child, understand the child's behavior, and help the child express that behavior in a productive manner.
- *Conflict between desire to protect the child and desire to help the child.* It is difficult to nurture children who go home each evening to a hostile, often harmful environment. Teachers need to be aware of their natural desire to overprotect the children and thereby prevent them from reaching their total potential. Children can survive and

grow in the most hostile environment if there is some source of nurturance available, and it is the teacher's role to provide that nurturance.

- *Potential for overdiagnosis.* It is important for the teachers (and all helping professionals) not to diagnose problems that do not exist. Too often a child who has been subjected to maltreatment becomes the victim of excessive treatment, when in fact all that is needed is continued support for adequate growth.

THE PARENTS' ROLE IN TREATMENT

Unless parents of children in a therapeutic setting also receive extensive help, the children face greater risks.

□ Unfortunately, a disadvantage of the school setting for treatment of the maltreated child is that most programs do not incorporate the parents into the program as equal partners. This is particularly true if the parents have failed in their role as totally as some abusive parents have failed. The key to success in the field of child abuse and neglect must rest in the parents' involvement in the treatment process. Unless parents of children in a therapeutic setting also receive extensive help, the children face greater risks. Without appropriate treatment, 50% or more of abusive parents reabuse their children (Elmer, 1965). It is believed that this statistic would be even higher if a child living at home received treatment and the parent did not. Even with intensive intervention for parent as well as child, many parents in the Extended Family Center program become jealous of the attention the child receives, dislike the changes in the child's behavior, and are extremely threatened by the child's obvious attachment to the teachers. Each of these factors heightens the risk to the child and requires sensitive, skilled intervention by the center social work staff.

Teachers can develop shared parenthood with parents, but they must first face their personal feelings about abusive parents.

There are a variety of ways that teachers can relate to and be involved with parents in order to develop shared parenthood. The first step all teachers must take is to somehow come to grips with their personal—not professional—feelings about a parent who mistreats a child. These natural feelings can range from anger, disgust, and revulsion, to pity. Generally there is a mixture of professional compassion and personal anger. It is difficult to advise how to resolve these personal feelings other than to urge recognition and acceptance of the feelings as natural. If they are unresolvable, then either the teacher should not work in this field or the teacher must be able to put them aside and accept a professional responsibility to help another human being.

This help can only be offered, however, through a human connection that offers compassion and understanding, not judgment. It is essential that the teacher find some way of empathizing with the parent. For some, this empathy has developed by learning about the parent's childhood, which generally was highly violent and full of deprivation. Unfortunately, abusive and neglectful parents come to programs expecting rejection and anger because of what they have done to their children. Generally, they project their own fears and expectations onto the staff and enter expressing anger and hostility. Too often the staff, already upset by the maltreatment, respond to the parents' defensiveness with their own anger, and a mutual rejection occurs. The staff must prove their trustworthiness to the parents and cannot expect the parents, any more than the children, to initially accept or respond to staff concerns and interest

Despite their initial defensiveness, these parents desperately want and need acceptance. They also want and need limits on their behavior and

help in raising their child. If teachers can communicate acceptance and concern for the parent as a person of worth, it is likely that the parent will learn from the teacher. If the teacher judges or rejects the parent, a struggle will ensue and the ultimate loser will be the child.

Unless a teacher can communicate acceptance and concern for the parent as a person of worth, the ultimate loser will be the child.

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strategies of prevention

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Key Ideas

- *Prevention can be categorized as primary and secondary. The former aims to prevent child abuse before it occurs, and the latter aims to prevent reabuse.*
- *The systems approach to primary prevention uses social and health policies and programs to help avert child abuse and neglect.*
- *The symptoms approach to primary prevention attempts to educate people about the prevalence and consequences of abuse, the need for becoming involved, and the sources of assistance.*
- *In secondary prevention the emphasis is on case finding, intervention, and treatment of common factors in abuse prone environments.*
- *Safeguards in treatment include the use of parent aides, pediatric care, monitoring of the emotional and developmental status of children, and assistance from a team of therapists.*

PRIMARY AND SECONDARY PREVENTION

☐ This chapter will deal with some aspects of prevention in child abuse. A distinction first needs to be made between primary and secondary prevention. Primary prevention aims to prevent child abuse before it occurs. Secondary prevention aims to prevent reabuse once it occurs and has been identified.

THE SYSTEMS APPROACH

The poverty maze generates stresses on parents which lead to frustration and resentment that are vented on the children.

☐ Considering primary prevention first, a further distinction must be made between a *systems approach* and a *symptoms approach.* The systems approach focuses on social and health policies and programs. The assumption underlying this approach is that child abuse occurs, at least in part, because of such factors as poverty, inadequate health care and supervision for children, and social alienation. The poverty maze generates stresses on parents which lead to an accumulation of frustration and resentment that finally are vented on the children.

Programs to alleviate these stresses would include specific proposals such as a health care visitor system (Kempe, 1976) as well as more general proposals such as an increase in Title XX funds (especially for day care services), job training programs, parent education, and advocacy for children across a broad variety of concerns.

A more sweeping approach is proposed by Gil (1970), who believes that cultural sanctions about the uses of aggression, in conjunction with a competitive social and economic system, provide a natural medium for dissocial behaviors such as child abuse. Competition for resources lays the groundwork for "sum-zero" interactions (i.e., whatever I win, someone else has to lose). Coupled with cultural sanctions against aggression, one of the natural results is child abuse. Parents who are losing in the competition for resources in the larger society may more easily react with violence in the smaller society of the family when their needs are frustrated and their wishes unmet.

A systems approach to the prevention of child abuse, then, would require that society and societal attitudes be reorganized in such a way as to equalize wealth and/or access to society's resources, change societal attitudes about violence, and make the needs of children a more important priority. Of these, the last seems the most proximate to the problem. It would also seem to offer the greater chance for success in the foreseeable future. The proposal for a health visitor system, for instance, could be implemented without a major reorganization of values and attitudes. No one, after all, would argue that harm could be done by a system that offered some assurances that new babies were at least receiving minimal care. Yet strongly entrenched attitudes about the prerogatives of parents, freedom from public intervention in family life, and a private enterprise health care system all combine to resist even modest proposals such as that. This raises serious questions about counting much on systems approaches to child abuse prevention.

A systems approach to prevention requires that society be reorganized to equalize access to resources and change attitudes about violence and children.

The prevalence of resistance to even modest proposals for change raises serious questions about the efficacy of this approach.

Parent education is another kind of systems approach. It is less proximate to the problem than the health visitor proposal but also less controversial, and certainly more possible to initiate than programs that threaten to change the socioeconomic basis of society. Parent education would aim to increase general parenting competence. Approaches to this and implications for child abuse are well reviewed in a recent publication by the Education Commission of the States (1976). The possible impact of such programs on the incidence of child abuse is not clear. The likelihood is that the present or future parents who would be most responsive to such programs would also be the parents who were least likely to abuse anyway. In any event, programs to improve parenting can be justified on much broader grounds than just their possible value in primary prevention of child abuse.

THE SYMPTOMS APPROACH

This approach makes people aware of the prevalence and consequences of abuse, the need for involvement, and sources of help.

☐ The symptoms approach is aimed at making people aware of the prevalence and consequences of abuse and the need for becoming involved (i.e., reporting suspected incidents to some designated agency) and educating people about sources of help if they feel themselves to be at risk for abusing their children. The general objective is to produce a kind of consciousness raising about abuse, with the specific message being, It's dangerous—Don't do it.

The value of these programs in reducing the actual incidence of child abuse is not clear. Such programs are probably more effective in secondary rather than primary prevention. The dizzying increase in child abuse reporting rates in the last few years may well be attributable to the influence of these awareness programs. Such programs may also increase the number of self referrals for help. But again, the self referral generally occurs after an incident of abuse.

While a symptoms approach may have great value in matters of secondary prevention, it is difficult to see the role it might play in primary prevention. Even a program that emphasized the possible penalties to parents, or that made legal penalties more severe, would probably have little effect on primary prevention (although it might negatively influence the self referral rate). The assumption in such programs is that information or knowledge of consequences will influence overt behavior. Child abuse, however, is most often an irrational act, and information or threats per se tend to have little influence on the psychological factors that produce irrational acts.

The symptoms approach represents the beginning of secondary prevention.

To summarize briefly, a systems approach to child abuse prevention would in the long run probably offer the best chance for easing system stresses known to be associated with abuse and thus improve primary prevention. The immediate difficulty is that the "long run" may be many years away for most such proposals, so there is still a need to improve society's capability for effective secondary prevention. The symptoms approach represents the beginning of secondary prevention. Increased awareness, both lay and professional, will increase the index of suspicion for abuse, and media programs that stress consequences to the child and community responsibility should increase readiness to act. Media programs that stress consequences to the child when paired with resources for help should increase self referral rates.

PREVENTING THE RECURRENCE OF ABUSE

☐ In secondary prevention, the emphasis is on case finding, intervention to prevent reabuse, and treatment of common factors in abuse prone environments that can adversely affect children whether physical abuse is present or not.

Secondary prevention emphasizes case finding, intervention, and improvement of abuse prone environments.

Case finding as a function of increased awareness has already been discussed. Anyone may report suspicions of abuse to protective service, police, or health agencies. Some groups of professionals that have contact with children are required to report. In either case, persons who report suspected incidents of child abuse are *not* civilly liable if the suspicions are proven to be unfounded.

The major point here is that it is not necessary to know or be able to prove that a child's injuries were inflicted by someone in the child's environment before reporting one's suspicions. Investigation and, ultimately, determination of the probable cause of injuries are the joint responsibility of physicians, police, and juvenile courts.

It should also be noted that it is not necessary for the juvenile court to know exactly how a child's injuries occurred in order to afford the child the protection of the court. If the child's parents, or the persons responsible for supervision at the time of the injuries, cannot provide an adequate account of the injuries, that can be sufficient grounds in itself for the court to take jurisdiction. A child whose parents or caretakers fail to protect may be just as much at risk for serious injury—and thus deserving of the court's assistance—as a child who is intentionally abused.

A child whose parents fail to protect may be as much at risk as a child who is intentionally abused.

EFFECTIVE INTERVENTION

□ The next factor in secondary prevention is effective intervention. The first point to be made is that it is as possible to have too much intervention as it is to have too little. Initial intervention mechanisms relied heavily on removal of children from the home as a means of protecting them from future injury. While that kind of intervention usually does protect the child from future inflicted injury, it also generates substantial risks of its own.

It is as possible to have too much intervention as it is to have too little.

RISKS IN FOSTER PLACEMENT

□ Foster placement may interfere with or attenuate positive bonding between the child and the parents. In the case of infants and toddlers, it can totally disrupt that bonding. Prolonged foster care will increase the probability of multiple foster homes, and that kind of experience can put a child seriously at risk for an impaired capacity to form good object relationships in adult life.

Foster placement may interfere with the positive bonding between the child and the parents.

Two other consequences of foster care can affect treatment. As long as a child is "safely" stashed in a foster home, there is a tendency to let treatment programs for the parents drift or to shift more responsibility for the treatment to the parents than they can actually bear at the time (e.g., "If the parents really want the child back, they'll find the help I think they need"). The other consequence is that a missing child will tend to shift parents' attention in treatment away from self examination and issues of better parenting to a process of mechanical compliance and highly selected self reports designed to convince others that they are ready to have the child back.

The child's ability to form object relationships in adult life may be impaired.

A third treatment related consequence of out of home placement is that it offers little opportunity to evaluate the parents' responses to the demands of child rearing under stress. The result can be an academic discussion of the "right techniques" or an intellectual examination of the parents' internal barriers to general child rearing, when the real problem is learning how to maintain a nurturing environment on a sustained basis when other needs are also pressing—a situation quite different from a weekly three hour visit in a foster home.

It offers little opportunity to evaluate the parents' responses to the demands of child rearing under stress.

The implication of these risks and consequences is that out of home placement as an initial intervention element should be used primarily only when there is solid reason for believing that the parents will not be able to curb the abusive behavior even with the beginning of treatment and court supervision. Such reasons would include a history of severe drug or alcohol abuse, unremitting and severe environmental stresses, significant intellectual or emotional deficits, or a history of impulsive, antisocial behavior. Any of these conditions would suggest the possibility of a seriously impaired capability for predicting or controlling one's own behavior even under supervision.

Out of home placement should be used only when parents cannot curb abusive behavior even with treatment and supervision.

The argument here is that effective secondary intervention can usually be best accomplished with the child in the home. The protection of juvenile court may be important while the treatment program is being initiated. In the treatment program at the Family Development Project, Children's Hospital of Los Angeles, court jurisdiction is regarded as critical in the first 6 to 12 months of treatment. Some lever needs to be preserved, as it is not possible to reliably assess parents' motivation for treatment at the outset of a case.

DIFFERENTIATING CAUSES OF ABUSE

□ What safeguards, then, can be offered that the child will not be reabused before the treatment program begins to have significant positive effects on family functioning? One safeguard is more effective triage with abusive parents. The constellation of factors that produces abusive behavior is not the same from family to family. If differentiating among types of abusers and etiologies of abuse can be improved, then it will be possible to more closely calibrate interventions to fit the risks that are actually involved.

Determining why parents abuse makes it possible to calibrate interventions to fit the actual risks involved.

Work at the Family Development Project, both clinical and research, suggests that it is possible to differentiate among parents who abuse through well intentioned but ill considered methods of discipline, parents who abuse because of significant psychiatric problems, and parents who abuse (or tolerate abuse from mates) out of frustration from environmental stresses that would overwhelm the resources of most people. Other differentiations are also possible. For present purposes, the important point is that different degrees of risk have different implications for treatment strategy attached to different etiologies.

Different degrees of risk imply different treatment strategies.

This approach would be in contrast to the more prevalent current approach that tends to assume either that all child abusers have poorly controlled homicidal wishes toward their children or that they are driven, impulsive people who are incapable of modifying their abusive behaviors for more than a few hours at a time until they have had months or years of psychotherapy. Experience at the project has shown both of these assumptions to be false.

All child abusers are not homicidal or driven people incapable of modifying their behavior.

To change an abuse prone environment to a consistently nurturing environment may indeed take months or years, and in fact may even be an impractical goal. To simply stop the acute physical abuse, however, is usually a feasible goal that frequently can be accomplished rather quickly. For the rest, the major aim is to tip the ratio of *expressed punishment* to *expressed love* more in favor of expressed love. Modest goals are in order for many child abuse cases, or one will wear oneself out prematurely. (For an excellent discussion of this point, see Kempe, 1976.)

PROVIDING EMOTIONAL SUPPORT FOR PARENTS

□ Another safeguard is liberal use of *parent aides* or some equivalent (Rigler, Kent, Croot, & Finnila, 1977). These are persons who function as a bridge between the formal treatment program and the abusive parents. They can provide concrete assistance to abusive parents, such as any good neighbor could provide, as well as emotional support and reassurance that the abusive parents are still regarded as worthy people, even to other "lay parents" who know the whole story of their abuse. The value of that latter message cannot be overstated. This kind of emotional support network for the abusive parents may provide the single most important safeguard against a recurrence of acute physical

Parent aides function as a bridge between the treatment and the parents, providing assistance, support, and reassurance.

Abusive parents need to be reassured that they are regarded

abuse. The parent aide also provides an early warning detector for incipient crises for the formal treatment personnel.

as worthy people, even by those who know the whole story.

☐ A third safeguard is to provide the family with a care program for their children that includes both regular and easily available pediatric care and a careful monitoring of the emotional and developmental status of the children. Such a program can provide surveillance of the children's overall health, but more importantly it can serve to reduce parents' anxiety about the growth and development of their children. That kind of anxiety is easily converted in some circumstances to premature demands for performance when the parents feel that the child's behavior is an absolute measure of their adequacy. That kind of mix is a rich medium for abusive parenting.

MONITORING THE CHILD'S DEVELOPMENT

Regular pediatric care and monitoring can reduce parents' anxiety and premature demands for performance.

☐ A fourth safeguard is to carry out the treatment program in a team context whenever possible. The team should include anyone from any agency or group that is involved in any way and concerned enough to provide representation. This safeguard derives from two considerations. The first is that abuse prone families tend to be resistant, multiproblem families that move slowly in therapy and require the counsel of many specialists. The worry and drain on a single therapist, coupled with what seems to be scant movement on the part of the family, can be overwhelming. The support and assistance of a team is vital to the mental health of all concerned.

THE TEAM APPROACH

The multiple problems of abuse prone families require the counsel of many specialists.

The worry and drain on a single therapist can be overwhelming.

The second consideration is that difficult and conflicting feelings can be aroused in the treatment of abusive families. These feelings can blind a primary therapist to signs that a family is going into crisis, or signs that a family is behaving in new and more healthy ways. To miss either can result in the continuance of nonproductive therapy strategies. That is a risk in any therapy, but the consequences of irretrievable mistakes in abuse cases are potentially too grave to vest the sole responsibility for successful management in one person, however talented or experienced. The therapists as well as the families need someone looking over their shoulder, at least during the first few months.

The consequences of mistakes in therapy are too grave to vest sole responsibility in any one person.

☐ The fifth and last safeguard to be considered is the parents' general welfare. The parents are the key to a successful intervention program. One must begin by assuming that they do love their children and do not want to injure them, and then look for the barriers that interfere with their expression of that love. The barriers can be feelings of personal inadequacy that cause them to overreact to the children, marital conflict that leaves them feeling unsupported and angry, economic and other environmental stresses that get displaced to the children, or other personal needs that periodically and significantly preempt their ability to respond to the needs of their children. It is also important to build on the parents' real concern for their children and not begin treatment with the assumption that they expose their children to injury out of general indifference or hostility. It happens, but it is less common than the reverse.

UNDERSTANDING THE ABUSIVE PARENT

One must begin by assuming that parents do love their children, and then look for barriers that prevent the expression of that love.

Most parents do not injure their children out of indifference or hostility.

It is recognized that the safeguards being proposed here may not always be available. Less attention should be given to the form and more to the purpose. Clearly, there are alternative forms to meet the same needs. To the extent that these needs cannot be met in the treat-

ment program, interim foster care has to be considered as an intervention strategy. It is not ideal in most cases, but it ought to be available when other means to protect the children default.

TOWARD PRIMARY PREVENTION

The urgent problem is undoing the effects of growing up in an environment that sporadically violates basic trust, diminishes self worth, and models violence

☐ One last point: Secondary prevention should also include consideration of the potential effects of abusive environments on children's emotional development and, ultimately, their capacity to parent their own children. It seems an obvious point, but discussions, papers, and books on treatment tend to focus exclusively on strategies for preventing the *act* of physical abuse. The more difficult and urgent problem is undoing the effects of growing up in an environment that sporadically violates feelings of basic trust, tends to diminish a sense of self worth, and models violence as an acceptable means of expression in human relationships.

Sustained efforts must be directed toward the social genetics of child abuse so progress can begin for the next generation.

Children from abuse prone environments may need as much extra assistance as their parents. The problem of secondary prevention has not been solved with the cessation of acute physical abuse. That solution only enables society to turn its full attention to the emotional context of the abuse and its consequences for the child. If the social genetics of child abuse are to be altered, it is there that the most sustained efforts must be directed. It is there that progress can begin for primary prevention, not for this generation, but for the next.

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